

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90066 047 \*\*\*150.00

**DOCUMENT # F00000001306**

1. Entity Name  
**SYSTRAN FINANCIAL SERVICES CORPORATION**

Principal Place of Business <b>40 WESTMINSTER STREET          PROVIDENCE RI 02940</b>	Mailing Address <b>40 WESTMINSTER STREET          PROVIDENCE RI 02940</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **93-0586748**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RETALICK, DAVID</b>	NAME	
STREET ADDRESS	<b>4949 S.W. MEADOWS ROAD, SUITE 650</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE OSWEGO OR 97035</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILD, DARREL E</b>	NAME	
STREET ADDRESS	<b>6120 EARLE BROWN DRIVE, SUITE 700</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKLYN CENTER MN 55430</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERICAN, LINDA S</b>	NAME	
STREET ADDRESS	<b>4949 S.W. MEADOWS, SUITE 650</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE OSWEGO OR 97035</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, KATHLEEN A</b>	NAME	
STREET ADDRESS	<b>40 WESTMINSTER STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PROVIDENCE RI 02940</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILIOTTI, STEPHEN A</b>	NAME	
STREET ADDRESS	<b>40 WESTMINSTER STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PROVIDENCE RI 02940</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTER, BUELL J JR.</b>	NAME	
STREET ADDRESS	<b>40 WESTMINSTER STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PROVIDENCE RI 02940</b>	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth C. Perkins Elizabeth C. Perkins 4/5/01 401-621-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)