

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90309 047 ***150.00

DOCUMENT # F00000002052

1. Entity Name
XINETIX, INC.

| | |
|--|--|
| Principal Place of Business 1650 WEST MCNAB ROAD FORT LAUDERDALE FL 33309 | Mailing Address 1650 WEST MCNAB ROAD FORT LAUDERDALE FL 33309 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0795616 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | Name | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | | | | FL | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE <input type="checkbox"/> Delete | P PORTAL, DANILO 1650 WEST MCNAB ROAD FORT LAUDERDALE FL 33309 | TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | V EXECUTIVE VP WALTER BEINELKE, III 45 Congress St Salem MA 01970 |
| TITLE <input checked="" type="checkbox"/> Delete | VS SMITH, LEROY A 1650 WEST MCNAB ROAD FORT LAUDERDALE FL 33309 | TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | V VP RON NEESE 45 CONGRESS ST. SALEM, MA 01970 |
| TITLE <input checked="" type="checkbox"/> Delete | CD ULEGARD, ANDERS 1650 WEST MCNAB ROAD FORT LAUDERDALE FL 33309 | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | C CHAIRMAN & CEO ROD PARKER 45 CONGRESS ST SALEM, MA 01970 |
| TITLE <input checked="" type="checkbox"/> Delete | D SHAW, ROSS 1650 WEST MCNAB ROAD FORT LAUDERDALE FL 33309 | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TV VP & CFO KARL SWIADY 45 CONGRESS ST SALEM, MA 01970 |
| TITLE <input checked="" type="checkbox"/> Delete | D WOLENS, KEENAN 1650 WEST MCNAB ROAD FORT LAUDERDALE FL 33309 | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | SIV VP & GENERAL COUNSEL PERRY ASHLEY 9 EAST 40th St. NY, NY 10016 |
| TITLE <input checked="" type="checkbox"/> Delete | D SMOLEV, RICHARD G THREE FIRST NATIONAL PLAZA, SUITE 4100 CHICAGO IL 60602 | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | V SMITH, LEROY A 1650 West McNab Road Fort Lauderdale, FL 33309 |

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: Paul Forcier PAUL FORCIER, CONTROLLER (978) 825 4881 4/19/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

CR2E034 (10/00)