

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90169 013 ***150.00

0821802 AT

DOCUMENT # F94000005598

1. Entity Name

MYND CORPORATION F/K/A FINANCIAL ADMINISTRATIVE SERVICES, INC.

Principal Place of Business

**1290 SILAS DEANE HWY
 WEHTERSFIELD CT 16129-0619
 US**

Mailing Address

**C/O STEPHANIE JENSENCZ
 P.O. BOX 10
 COLUMBIA SC 29202
 US**



2. Principal Place of Business

3. Mailing Address

2100 E. GRAND AVENUE

Suite, Apt. #, etc.

TAX DEPT

City & State

EL SEGUNDO CA

Zip

90245

Country **US**

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number

06-1113257

Applied For

Not Applicable

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 | P | <input type="checkbox"/> Delete |
| NAME | MEENEHAN, JULIA B | |
| STREET ADDRESS | 1290 SILAS DEANE HIGHWAY | |
| CITY-ST-ZIP | WETHERFIELD CT 06109 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | GILMORE, LOU ANNE | |
| STREET ADDRESS | 9500 ARBORETUM | |
| CITY-ST-ZIP | AUSTON TX 78759 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|--|
| TITLE | PD. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONAT, BELINDA | |
| STREET ADDRESS | (ADDRESS SAME) | |
| CITY-ST-ZIP | | |
| TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gilmore, Lou Anne | |
| STREET ADDRESS | (ADDRESS SAME) | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

SIGNATURE REQUIRED Lou Anne Gilmore

Date

2/13/02

Daytime Phone #

803-333-4000

CR2E034 (9/01)