

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000005509**

1. Entity Name

MYND CORPORATION F/K/A CYBERTEK CORPORATION

Principal Place of Business

**1 PMSC CENTER
BLYTHEWOOD SC 29016**

Mailing Address

**1 PMSC CENTER
BLYTHEWOOD SC 29016**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 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

TITLE	P, D	☒ Delete OK
NAME	RISLEY, MICHAEL W	
STREET ADDRESS	4711 MELROSE PARK COURT	
CITY-ST-ZIP	COLLEGEVILLE TX 70034	
TITLE	C	☒ Delete
NAME	WILSON, G L	
STREET ADDRESS	9 COUNTRY CLUB CT	
CITY-ST-ZIP	COLUMBIA SC 29206	
TITLE	S	☒ Delete
NAME	MORRISON, STEPHEN G	
STREET ADDRESS	2626 STRATFORD ROAD	
CITY-ST-ZIP	COLUMBIA SC 29204	
TITLE	T	☒ Delete
NAME	WILLIAMS, TIMOTHY V	
STREET ADDRESS	4000 KILBOURNE ROAD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, S, T	☐ Change ☒ Addition
NAME	Lou Anne Gilmore	
STREET ADDRESS	9500 Arboretum Blvd.	
CITY-ST-ZIP	Austin, TX 78759	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lou Anne Gilmore**4/27/01****512.338.7721**

Date

Daytime Phone #

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90119 001 *1,650.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)