

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 91406 038 \*\*\*150.00

**DOCUMENT #** 654128  
 1. Entity Name   
**DAVID E. MORGAN ENERGY, INC.**

<b>Principal Place of Business</b> 1 REGENCY PLAZA SUITE 106-R PROVIDENCE, RI 02903	<b>Mailing Address</b> 1 REGENCY PLAZA SUITE 106-R PROVIDENCE, RI 02903
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**657516**

<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 59-2341363	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
<b>5. Certificate of Status Desired</b> j		<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
 MORGAN, NICHOLAS  
 WINTHROP HOUSE #318  
 100 WORTH AVENUE  
 PALM BEACH FL 33480

**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) j

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORGAN, NICHOLAS 1415 MCGEE AVENUE BERKELEY, CA j Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LINDSAY, FERN 37 SKYRIDGE ROAD GREENWICH, CT j Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SOLOMSON, LESLIE 1016 FIFTH AVENUE NEW YORK, NY j Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRAVER, MARTIN D. 1330 BOYLSTON STREET CHESTNUT HILL, MA j Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	j Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	j Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	j Change j Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	j Change j Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	j Change j Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	j Change j Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	j Change j Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	j Change j Addition

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:** Matthew P. ... **V.P.** **4/27/00** **617-566-4764**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)