

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91386 035 \*\*\*150.00

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

**DO NOT WRITE IN THIS SPACE**

**668616**

2. Principal Place of Business 1 REGENCY PLAZA Suite, Apt. #, etc. SUITE 106-R City & State PROVIDENCE, R.I. Zip 02903		Country		3. Mailing Address 1 REGENCY PLAZA Suite, Apt. #, etc. SUITE 106-R City & State PROVIDENCE, R.I. Zip 02903		Country	
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4. FEI Number  
59-2341363

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
MORGAN, NICHOLAS

Street Address (P.O. Box Number is Not Acceptable)  
WINTHROP HOUSE #318

100 WORTH AVENUE

City  
PALM BEACH

State  
FL

Zip Code  
33480

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	PD MORGAN, NICHOLAS 1415 MCGEE AVENUE BERKELEY, CA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LINDSAY, FERN 37 SKYRIDGE ROAD GREENWICH, CT	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SOLMONSON, LESLIE 1016 FIFTH AVENUE NEW YORK, NY	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRAVER, MARTIN D. 1330 BOYLSTON STREET CHESTNUT HILL, MA 02467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicholas Morgan* 4/30/02 617-566-4764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)