

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

04-02-2002 90943 027 \*\*\*\*55.00

**DOCUMENT # L01000011409**

1. Entity Name  
**MICRO GENERAL WORLD WIDE, LLC**

**85924**

Principal Place of Business      Mailing Address  
 12276 SAN JOSE BLVD.      12276 SAN JOSE BLVD.  
 SUITE 115      SUITE 115  
 JACKSONVILLE FL 32223      JACKSONVILLE FL 32223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-373-2475</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ADVANTUS, CORP. 12276 SAN JOSE BLVD. SUITE 115 JACKSONVILLE FL 32223				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME	Advantus Corporation <input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	12276 San Jose Blvd. P, D			STREET ADDRESS			
CITY-ST-ZIP	Jacksonville, FL 32223			CITY-ST-ZIP			
TITLE NAME	Thomas Nolan <input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	27N 325 Devon Ave. V, D			STREET ADDRESS			
CITY-ST-ZIP	Harover Park, IL 60103			CITY-ST-ZIP			
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *for Advantus Corp* **SIGNATURE REQUIRED**      5/1/02      914-664-2252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CP2E083 (9/01)