2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001319

1. Entity Name
WORKUP, LLC

FILED
2001 JUN -7 PM 2:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
66 PEARL ST SUITE 301 PORTLAND ME 04101	66 PEARL ST SUITE 301 PORTLAND ME 04101

2. Principal Place of Business		3. Mailing Address	
145 Commercial Street		145 Commercial Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Portland, Maine		City & State: Portland, Maine	
Zip: 04101	Country: U.S.A.	Zip: 04101	Country: U.S.A.

4. FEI Number 01-0518346 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 ________________________________ 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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAUNDERS, PAMELA JEAN 66 PEARL ST SUITE 300-301 PORTLAND ME 04101	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & Manager 145 Commercial Street Portland, ME 04101	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004367309--5 -06/06/01--01039--014 *****50.00 *****50.00	☐ Change ☐ Addition
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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: [signature] CEO & Manager Pamela J. Saunders 4/17/01 (Toll free #: 877-496-7587) 207-756-6215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #