2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47201

1. Entity Name

DAMAYAN, INC.

FILED

02 JAN 16 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1208 CARRAWAY ST TALLAHASSEE FL 32308 US	1208 CARRAWAY ST TALLAHASSEE FL 32308 US

2. Principal Place of Business	3. Mailing Address
1656 Legion St.	PO Box 38401
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, Florida
Zip: 32303 Country: USA	Zip: 32315-8401 Country: USA

4. FEI Number: 59-3113153 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALSOP, PENNY F. 1208 CARRAWAY ST TALLAHASSEE FL 32308	Name: Dr. Wendy Chase Street Address (P.O. Box Number is Not Acceptable): 6509 Man-O-War Trail City: Tallahassee FL Zip Code: 32309

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: Dr. W. Chase 1-15-02

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALSOP, PENNY F 1208 CARRAWAY ST TALLAHASSEE FL 32308	☒ Delete	TITLE D NAME Dr. Jennifer Cherrier STREET ADDRESS 1919 Atapha Nene CITY-ST-ZIP Tallahassee, FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHASE, WENDY 6509 MAN-O-WAR TRAIL TALLAHASSEE FL 32308	☐ Delete	TITLE D NAME Ms. Vanessa Vadim STREET ADDRESS 566 Park Ave SE CITY-ST-ZIP Atlanta, GA 30312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYER, JEANETTE RT 1 BOX 1065 TALLAHASSEE FL 32312	☐ Delete	TITLE NAME 900004785259--6 STREET ADDRESS -01/22/02--01003--011 CITY-ST-ZIP *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASTRAP, LIZ 645 BEARD STREET TALLAHASSEE FL 32304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHIPPS, LAURA RT 9 BOX 195 TALLAHASSEE FL 32304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWANSON, RUSSELL 1917 ATAPHA NENE TALLAHASSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jan. 15, 2002 (850) 668-2167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E037 (9/01)