100

## 2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

**DOCUMENT** # P00000021592 1. Entity Name

02 MAY -3 PM 1: 17

NAVIANT, INC.

.. 3 e

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
999 Yamato Rd.

Suite, Apt. #, etc.
3rd Floor

City & State
Boca Raton, FL

Zip
33431

Country
USA

3. Mailing Address
999 Yamato Rd.

Suite, Apt. #, etc.
3rd Floor

City & State
Boca Raton, FL

Zip
33431

Country
C

| Applied For 65 - 1024199 | Not Applied

Not Applicable

- -

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and	d Address of Current Registered A	gent
Name Corporation	Service Co.	

Stroe' Address (P.O. Box Number is Not Acceptable)

<sup>City</sup>Tallahassee

(NOTE: Registered Agent signature required when releasating)

FL 32301

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 same of registered agent and the it applicable.

9. This corporation is eligible to satisfy its Intangible
Tax filling 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  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

(12/01)

Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS P/CEO TITLE Michael Brauser NAME NAME 999 Yamato Rd STREET ADDRESS STREET ADDRESS Boca Raton, FL 33431 CITY ST- 7IP CITY - ST - ZIP COO TITLE TITLE 800005450878 Scott Hirsch NAME NAME 999 Yamato Rd. STREET ADDRESS STREET ADDRESS CITY - ST-- ZIP Boca Raton, FL 33431 CITY-ST-7IP S/General Counsel TITLE Derek Dubner NAME NAME 999 Yamato Rd. STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP Boca Raton, FL 33431 CITY-ST-ZIP TITLE TITLE IN THIS SPACE Richard Schell NAME NAME STREET ADDRESS 999 Yamato Rd. STREET ADDRESS CITY-ST-7IP Boca Raton, FL 33431 CITY-ST-ZIP of Finance TITLE Steven Stowell 999 Yamato Rd. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Boca Raton, FL 33431 CITY+ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 allother like empowered.

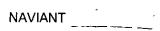
**SIGNATURE:** 

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5-1-02

561-893-8338

Daysine: Phone #



## 78%

## LIST OF DIRECTORS

Name/Title	Company
Joe Aragona	Austin Ventures
D	701 Brazos Street
	Suite 1400
	Austin, TX 78701
Mike Brauser	Naviant
D	999 Yamato Road
	Suite 300
	Boca Raton, FL 33487
Carolyn Harkins	TL Ventures
D	435 Devon Park Drive
	The 700 Building
	Wayne, PA 19087
Chad Herrin	Austin Ventures
D	701 Brazos Street
	Suite 1400
	Austin, TX 78701
Jeff Killeen	Globalspec, Inc.
D	350 Jordan Road
	Troy, NY 12180
Robert Keith	TL Ventures
D	435 Devon Park Drive
	The 700 Building
	Wayne, PA 19087
Cindy Marin	Softbank Capital Partners
D	28 E. 28th St., 15th FI
	New York, NY 10016
Michael Perlis	Softbank Capital Partners
D	28 E. 28th St., 15th FI
	New York, NY 10016
Charles W. Stryker	Naviant
D	1156 Bowman Road
	Suite 200
	Mt. Pleasant, SC 29464



ACCOUNT NO. : 07210000032

REFERENCE

AUTHORIZATION

COST LIMIT :

ORDER DATE: May 2, 2002

ORDER TIME: 11:25 AM

ORDER NO. : 561092-015

CUSTOMER NO: 7199649

CUSTOMER: Ms. Olga Duque

Hunton & Williams

Barclays Financial Center 1111 Brickell Ave., Suite 2500

Miami, FL 33131

## ANNUAL REPORT FILING

NAME: NAVIANT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: