

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90082 033 ***150.00

DOCUMENT # P00000084202
 1. Entity Name
MATRIX DATA SOLUTIONS, INC.

Principal Place of Business 701 FISK STREET SUITE 310 JACKSONVILLE FL 32204	Mailing Address 701 FISK STREET SUITE 310 JACKSONVILLE FL 32204
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3669433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MATHENY, LAWRENCE M JR.
 701 FISK STREET
 SUITE 310
 JACKSONVILLE FL 32204**

7. Name and Address of ~~Now~~ Registered Agent **additional**
 Name **Pamela L. Wiker**
 Street Address (P.O. Box Number is Not Acceptable)
701 Fisk Street, Suite 310
 City **Jacksonville** **FL** Zip Code **32204**

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.
adding additional
 SIGNATURE *Pamela L. Wiker* **Secretary** **February 19, 2001**
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D Henry H. Graham, Jr. 701 Fisk Street, Suite 310 Jacksonville, FL 32204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Susan J. Grubbs 701 Fisk Street, Suite 310 Jacksonville, FL 32204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Bruce D. Ivey 701 Fisk Street, Suite 310 Jacksonville, FL 32204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Lawrence M. Matheny, Jr. 701 Fisk Street, Suite 310 Jacksonville, FL 32204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV David C. Hodges, Jr. 701 Fisk Street, Suite 310 Jacksonville, FL 32204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pamela L. Wiker 701 Fisk Street, Suite 310 Jacksonville, FL 32204 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Henry H. Graham, Jr.* **Henry H. Graham, Jr.** **2/19/01** **904/354-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)