## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

| 1. Entity Na  | MENT # #P01551 ime CORPORATION  |                                   |   | 05-13-2002 90192   |  |
|---|---|-----------------------------------|---|--|--|
|   | O NOT WRITE   | IN THIS SF                        | PACE  |  |  |
| Descion   |   |                                   |   |  |  |
| 2. Principal Place of Business UNISYS WAY UNISYS WAY UNISYS WAY |   |                                   |   |  |  |
| Suite, Ap   | t. #, etc.  | Suite, Apt. #, etc.<br>M/S E8-120 | <del></del> -                                 | DO NOT WRITE IN THIS SPA   | ACE                                    |
| City & Sta<br>BLUE B  | ete<br>ELL, PA.   | City & State BLUE BELL,           | PA.   | 4. FEI Number 38-0387840   | Applied For                            |
| Zip   | Country   | Zip                               | Country                                       |  | Not Applicable 3.75 Additional         |
| 19424   | <u>USA</u>  | 19424                             | USA   |  | e Required                             |
|   |   |                                   | Name  | 7. Name and Address of Current Registered A  | gent                                   |
|   | DO NOT W  |                                   | CT. COF                                       | RPORATION  |  |
|   | DUNULW  | RIE                               | Street Addre                                  | ss (P.O. Box Number is Not Acceptable) OUTH PINE ISLAND ROAD   |  |
|   | IN THIS SE  | ACE                               | 1200 3  | SCOTH FINE ISLAND ROAD   |  |
|   |   |                                   | City  |  |  |
|   |   |                                   | City<br>PLANTA                                | TION FL /  | Zip Code<br>33324                      |
| 8. The above  | e named entity submits this stateme   | ent for the purpose of change     | ging its registered office o                  | r registered agent, or both, in the State of Florida.  |  |
| 01011471105   |   |                                   |   |  | 1                                      |
| SIGNATURE   | Signature, typed or printed name of regi  | stered agent and title if applica | ble. (NOTE: Registered                        | Agent signature required when reinstating)   | DATE                                   |
|   | pration is eligible to satisfy its Intang                                       |                                   | - May 1 Fee is \$150.00                       | and the second of the second o | DATE                                   |
|   | requirement and elects to do so.  | After M                           | ay 1, Fee Is \$550.00                         | 10. Election Campaign Financing  | \$5.00 May Be                          |
| (See criter   | ria on back)  | Make Check Pay                    | ded UBR is \$61.25<br>able to Department of S | Trust Fund Contribution.   | Added to Fees                          |
| 11.   | OFFICERS AND  |                                   | dien bilder                                   |  |  |
| TITLE   | CCEO.   |                                   | TITLE   |  | CRZE034B (12/hr)                       |
| NAME STREET ADDRESS   | LAWRENCE A. WEINBACH<br>Unisys Way E8-120                                       |                                   | - NAME 5 1                                    |  |  |
| CITY - ST - ZIP   |   | 19424                             | STREET ADDRESS<br>CITY - ST - ZIP             |  | 125                                    |
| TITLE   | AS  | 19424                             | TITLE   |  |  |
| NAME  | SUSAN T. KEENE  |                                   | NAME  |  | දි                                     |
| STREET ADDRESS  |   | -120                              | STREET ADDRESS                                |  |  |
| CITY - ST - ZIP   | <u>Blue Bell, Pa.</u>   | 19424                             | CITY-ST-ZIP*                                  |  |  |
| TITLE   | AT  | `                                 | TITLE   |  |  |
| NAME<br>STREET ADDRESS  | NANCY L. MILLEF<br> Unisys WayE8_   |                                   | NAME<br>STREET ADDRESS                        |  | and the second                         |
| CITY - ST - ZIP   | Blue Bell, PA.  | 19424                             | CITY - ST - ZIP                               | ··· DO NOT WRITE   | Ser princers and recognition           |
| TITLE   | SVPS  |                                   | TITLE   |  |  |
| NAME  | NANCY STRAUS SUNDHEIM   |                                   | NAME-   | IN THIS SPACE  |  |
| STREET ADDRESS  | 1011±030 May 10 120   |                                   | STREET ADDRESS                                |  | ,                                      |
| CITY - ST - ZIP   | Blue Bell, Pa.  | 19424                             | CITY - ST - ZIP                               |  |  |
| TITLE<br>NAME   | EVP<br> GEORGE R GAZERW   | <b>፲</b> ፒሞ ፫                     | TITLE   |  | ¢ (1)                                  |
| STREET ADDRESS  |   |                                   | STREET ADDRESS                                |  | F                                      |
| CITY - ST - ZIP   | Blue Bell, PA.  | 19424                             | CITY - ST - ZIP                               |  | ************************************** |
| JITE  | SVPC  | *                                 | TITLE   |  | - X                                    |
| NAME:   | JANET B HAUGEN  | in of o                           | NAME  |  |  |
| STREET ADDRESS  | Unisys-Way-E8-  |                                   | STREET ADDRESS                                |  |  |
|   | Blue Bell, PA.  | 19424                             | CITY - ST - ZIP                               |  |  |
| mormation   | i indicated on this report of suppliem  | ental report is true and acc      | Hrate and that my clanch                      | in Section 119.07(3)(i), Florida Statutes. I further cure shall have the same legal effect as if made under  |  |
| an oncer o  | or director of the corporation or the re<br>Block 11 or on an attachment with a | eceiver or trustee empowei        | fed to execute this report :                  | as required by Chapter 607, Florida Statutes; and the  | nat my name                            |