2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003
Secretary of State

DOCUMENT# P02000098361

Entity Name: TRUEVANCE MANAGEMENT, INC.

Current Principal Place of Business:

11497 SHADY MEADOW DR.
JACKSONVILLE, FL 32258

New Principal Place of Business:

6255 LAKE GRAY BLVD.
SUITE #4
JACKSONVILLE, FL 32244

Current Mailing Address:

P.O. BOX 440879
JACKSONVILLE, FL 322020879

New Mailing Address:

P.O. BOX 440879
JACKSONVILLE, FL 322220879

FEI Number: 74-3061278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRUE, JAMES W
11497 SHADY MEADOW DR.
JACKSONVILLE, FL 32258

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TRUE, JAMES W
Address: P.O. BOX 440879
City-St-Zip: JACKSONVILLE, FL 322020879

Title: D ( ) Delete
Name: LAMPKE, MARK
Address: P.O. BOX 440879
City-St-Zip: JACKSONVILLE, FL 322020879

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TRUE, JAMES W
Address: P.O. BOX 440879
City-St-Zip: JACKSONVILLE, FL 322220879

Title: D (X) Change ( ) Addition
Name: LAMPKE, MARK
Address: P.O. BOX 440879
City-St-Zip: JACKSONVILLE, FL 322220879

Title: S ( ) Change (X) Addition
Name: EINHORN, EDWARD J
Address: P.O. BOX 440879
City-St-Zip: JACKSONVILLE, FL 322220879

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD J EINHORN S 01/13/2003

Electronic Signature of Signing Officer or Director — Date