

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2002 8:00 am
Secretary of State

07-14-2002 90049 004 ***550.00

DOCUMENT # P12337
1. Entity Name
ROBERTSON-LEO CORPORATION

DO NOT WRITE IN THIS SPACE

80128947

2. Principal Place of Business
3539 BLUECUTT ROAD

3. Mailing Address
3539 BLUECUTT ROAD

Suite, Apt. #, etc.
P.O. BOX 6500

Suite, Apt. #, etc.
P.O. BOX 6500

DO NOT WRITE IN THIS SPACE

City & State
COLUMBUS, MS

City & State
COLUMBUS, MS.

4. FEI Number
36-3479146

Applied For
Not Applicable

Zip
39703

Country
US

Zip
39703

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD

City PLANTATION

FL

Zip Code
33324

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 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 C
NAME SAGE, II A
STREET ADDRESS 1730 LAKEHOUSE DRIVE
CITY-ST-ZIP N. PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME ROSKOVENSKY, E. A.
STREET ADDRESS 4295 QUAIL RUN PLACE
CITY-ST-ZIP DANVILLE, CA.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME STEVENS, RONALD D.
STREET ADDRESS 5000 EXECUTIVE PKWY STE 425
CITY-ST-ZIP SAN RAMON, CA. 94583

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE LEO
NAME HEISLEV, MICHAEL E
STREET ADDRESS 5000 EXECUTIVE PKWY STE 425
CITY-ST-ZIP SAN RAMON, CA 94583

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CFD
NAME STEVENS, RONALD D.
STREET ADDRESS 5000 EXECUTIVE PKWY STE 425
CITY-ST-ZIP SAN RAMON, CA 94583

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C
NAME MEADOWS, STANLEY H.
STREET ADDRESS 5000 EXECUTIVE, PKWY STE 425
CITY-ST-ZIP SAN RAMON, CA. 94583

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald D. Stevens RONALD D. STEVENS 7/15/02 662-243-2715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)