

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

70031433

<b>DOCUMENT # P34404</b> 1. Entity Name <b>ARGENBRIGHT, INC.</b>		
Principal Place of Business <b>1000 WILSON BLVD                  STE 910                  ARLINGTON, VA 22209</b>		Mailing Address <b>7525 COGSWELL RD                  ROMULUS, MI 48174-1308</b>
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number <b>58-1281936</b>
Zip	Country	Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 S PINE ISLAND ROAD                  PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent
Name		Name
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)
City		City <b>FL</b> Zip Code
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P PERFALL, CLAYTON A <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 WILSON BLVD STE 910	NAME <b>PERFALL, A. CLAYTON</b>
STREET ADDRESS	ARLINGTON, VA 22209	STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	VT <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBLEFIELD, HEINZ	NAME
STREET ADDRESS	1000 WILSON BLVD STE 910	STREET ADDRESS
CITY-ST-ZIP	ARLINGTON, VA 22209	CITY-ST-ZIP
TITLE	S <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, STEVEN D	NAME <b>S/VPE</b>
STREET ADDRESS	2 CARLSON PKWY STE 400	STREET ADDRESS
CITY-ST-ZIP	PLYMOUTH, MN 65447	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
12. 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 10 or Block 11 if changed, or on an attached exhibit in address, with all other like empowered.		
SIGNATURE:		Date <b>4/22/03</b> <span style="float: right;">763-745-1041</span>
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Case</small> <span style="float: right;"><small>Corporate Phone #</small></span>

CR20034 (10/02)