FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91339 012 ***150.00

DOCUMENT # P94000038456

1. Entity Name

DISTRIBUTED INTELLIGENCE SYSTEMS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
801 International Parkway	801 International Parkway
Suite, Apt. #, etc.: 5th Floor	Suite, Apt. #, etc.: 5th Floor
City & State: Lake Mary, FL	City & State: Lake Mary, FL
Zip: 32746 Country: USA	Zip: 32746 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0496128 ☐ Applied For ☐ Not Applicable

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: LOUISE A. SCHULZ

Street Address (P.O. Box Number is Not Acceptable): 1537 JAGUAR CIRCLE

City: APOPKA FL Zip Code: 32712

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 $61.25
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	P
NAME	ANTHONY P ANSELL
STREET ADDRESS	28, HILLSIDE ROAD
CITY-ST-ZIP	PENN, HIGH WYCOMBE, UK
TITLE	V
NAME	LOUISE A. SCHULZ
STREET ADDRESS	1537 JAGUAR CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	V
NAME	SHAUN A. JEPSON
STREET ADDRESS	28, HILLSIDE ROAD
CITY-ST-ZIP	PENN, HIGH WYCOMBE, UK
TITLE	S
NAME	SALLY SHEETMAN
STREET ADDRESS	28, HILLSIDE ROAD
CITY-ST-ZIP	PENN, HIGH WYCOMBE, UK
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: _____ 5/11/02 407-562-1907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #