

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90020 037 ***150.00

DOCUMENT # P96000023455

1. Entity Name
EXCELIS, INC.

Principal Place of Business 8435 STEMMONS FREEWAY DALLAS TX 75247-3907 US	Mailing Address 150 2ND AVENUE NORTH SUITE 1600 ST. PETERSBURG FL 33701-3343
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3371395		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		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.

SIGNATURE _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, PARKER S			NAME			
STREET ADDRESS	114 FIFTH STREET			STREET ADDRESS			
CITY-ST-ZIP	SANTA ANA CA 92701			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, JOHN W			NAME			
STREET ADDRESS	150 SECOND AVENUE NORTH SUITE 1600			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZINDA, CRAIG J			NAME			
STREET ADDRESS	150 SECOND AVENUE NORTH SUITE 1600			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRISEBOIS, MARK F			NAME	BARRY M. SANDO		
STREET ADDRESS	8435 STAMONS FREEWAY			STREET ADDRESS	8435 Stemmons Freeway		
CITY-ST-ZIP	DALLAS TX 75247-3907			CITY-ST-ZIP	Dallas, TX 75247		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABIDE, RAYMOND G JR			NAME			
STREET ADDRESS	8435 STEMMONS FREEWAY			STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75247-3907			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			

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Craig J. Zinda Date: April 20, 2000 Daytime Phone #: (727) 895-4915

CR2E034 (9/99)