

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000070262

FILED  
Sep 11, 2002  
Secretary of State

Entity Name: CD-VIEW, INC.

**Current Principal Place of Business:**

8531 BASH STREET  
INDIANAPOLIS, IN 46250 US

**New Principal Place of Business:**

**Current Mailing Address:**

10440 WODDS EDGE DRIVE  
FISHERS, IN 46038 US

**New Mailing Address:**

8531 BASH STREET  
INDIANAPOLIS, IN 46250 US

FEI Number: 35-1995035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALSH, JOHN R II, ESQ  
1207 THIRD STREET SOUTH  
SUITE 2  
NAPLES, FL 33940 US

**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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DEHAVEN, MELISSA  
Address: 10440 WOODS EDGE DR  
City-St-Zip: FISHERS, IN

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEFFREY TODD

CFO

09/11/2002

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date