

2000 UNIFORM BUSINESS REPORT (UBR)

6

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-07-2000 90443 036 ***150.00

DOCUMENT # P97000063690
 1. Entity Name
KMW RESEARCH COMPANY

Principal Place of Business: 2332 N.W. 40TH PL. GAINESVILLE FL 32605
 Mailing Address: 2332 N.W. 40TH PL. GAINESVILLE FL 32606-1692

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____

4. FEI Number: **59-3459297**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
KLAUSNER, JAMES F
2332 N.W. 40TH PL
GAINESVILLE FL 32605

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS
- TITLE: **D** Delete
 NAME: **KLAUSNER, JAMES F**
 STREET ADDRESS: **2332 N.W. 40TH PL**
 CITY-ST-ZIP: **GAINESVILLE FL 32605**
 - TITLE: **D** Delete
 NAME: **MEI, RENWEI**
 STREET ADDRESS: **2216 NW 19TH LANE**
 CITY-ST-ZIP: **GAINESVILLE FL 32605**
 - TITLE: **D** Delete
 NAME: **WARREN, BOBBY**
 STREET ADDRESS: **106 TODD DRIVE**
 CITY-ST-ZIP: **CASSELBERRY FL 32707**
 - TITLE: _____ Delete
 - TITLE: _____ Delete
 - TITLE: _____ Delete
 - TITLE: _____ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
- TITLE: _____ Change Addition
 - NAME: _____
 - STREET ADDRESS: _____
 - CITY-ST-ZIP: _____
 - TITLE: _____ Change Addition
 - NAME: _____
 - STREET ADDRESS: _____
 - CITY-ST-ZIP: _____
 - TITLE: _____ Change Addition
 - NAME: _____
 - STREET ADDRESS: _____
 - CITY-ST-ZIP: _____
 - TITLE: _____ Change Addition
 - NAME: _____
 - STREET ADDRESS: _____
 - 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: James F. Klausner **RET PRESIDENT** 1/19/00 352 219 6744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JAMES F. KLAUSNER

CR2E034 (9/99)