

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108117

1. Entity Name

IMR SUB A CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90167 009 ***150.00

Principal Place of Business 26750 US HWY 19 NORTH SUITE 500 CLEARWATER FL 33761	Mailing Address 26750 US HWY 19 NORTH SUITE 500 CLEARWATER FL 33761-3460
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 South Missouri Ave. Suite, Apt. #, etc.	3. Mailing Address 100 South Missouri Ave. Suite, Apt. #, etc.
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City & State Clearwater, FL	City & State Clearwater, FL	4. FEI Number 59-3582859	Applied For APPLIED FOR	Not Applicable
Zip 33756	Country USA	Zip 33756	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, DILIP 26750 US HWY 19 NORTH SUITE 500 CLEARWATER FL 33761	7. Name and Address of New Registered Agent Name IMR Global Corp. Street Address (P.O. Box Number is Not Acceptable) Attn: General Counsel 100 South Missouri Ave. City Clearwater FL Zip Code 33756
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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]* by DILIP PATEL, General Counsel VP & Secretary 4/4/00
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. <input 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PATEL, DILIP 26750 US HWY 19 NORTH #500 CLEARWATER FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 South Missouri Ave. Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANAN, SATISH K 26750 US HWY 19 NORTH #500 CLEARWATER FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MOLSICK, ROBERT M 26750 US HWY 19 NORTH #500 CLEARWATER FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADDONISIO, VINCENT 26750 US HWY 19 NORTH #500 CLEARWATER FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINDMAN, JOHN R 26750 US HWY 19 NORTH #500 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DILIP PATEL, VP & S 4/4/00 (727) 467 8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)