

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90106 019 ***150.00

DOCUMENT # P99000110102

1. Entity Name
DELPHI CORPORATION

Principal Place of Business

**3402 APALACHEE PKWY.
 TALLAHASSEE FL 32311**

Mailing Address

**3402 APALACHEE PKWY.
 TALLAHASSEE FL 32311**

UUU47400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

TALLAHASSEE, FL

3. Mailing Address

3402 APALACHEE PKWY.

Suite, Apt. #, etc.

3402 APALACHEE PKWY SUITE G

Suite, Apt. #, etc.

SUITE G

City & State

TALLAHASSEE, FLORIDA

City & State

TALLAHASSEE, FL

4. FEI Number

59-3625023

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MICHELE JOHNSTON, JEANNE
 3402 APALACHEE PKWY.
 TALLAHASSEE FL 32311**

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 _____

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)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** Delete
 NAME **JOHNSTON, JASON**
 STREET ADDRESS **2556-1 MCELROY ST.**
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **PC** Change Addition
 NAME **JOHNSTON, JASON**
 STREET ADDRESS **605 Oakwood Trail**
 CITY-ST-ZIP **Crawfordville, FL 32327**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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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: Jason M. Johnston
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2001 850.566.0316
 Date Daytime Phone #

CR2E034 (10/00)