

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000110102

FILED
Jan 06, 2003
Secretary of State

Entity Name: DELPHI CORPORATION

Current Principal Place of Business:

3402 APALACHEE PKWY.
SUITE G
TALLAHASSEE, FL 32311

New Principal Place of Business:

3402 APALACHEE PKWY.
SUITE G
TALLAHASSEE, FL 323115304 US

Current Mailing Address:

3402 APALACHEE PKWY.
SUITE G
TALLAHASSEE, FL 32311

New Mailing Address:

3402 APALACHEE PKWY.
SUITE G
TALLAHASSEE, FL 323115304 US

FEI Number: 59-3625023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MICHELE JOHNSTON, JEANNE
3402 APALACHEE PKWY.
TALLAHASSEE, FL 323115304 US

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:

01/06/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: JOHNSTON, JASON
Address: 605 OAKWOOD TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: BOD () Delete
Name: BASTYS, NICOLE
Address: 68-38 YELLOWSTONE BLVD #B13
City-St-Zip: FORREST HILLS, NY 11375

Title: CBOD () Delete
Name: HARMON, JOSHUA
Address: 3909 RESERVE DR APT 422
City-St-Zip: TALLAHASSEE, FL 32311

Title: BOD () Delete
Name: MC NAIR, ERIC
Address: 74 OCEAN VIE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: BOD () Delete
Name: HUTTO, LAUREN
Address: 56 GUY STRICKLAND RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: BOD () Delete
Name: MCWATERS, MARY HARRIS
Address: 643 1/2 ACKER ST NE
City-St-Zip: WASHINGTON, DC 20002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JASON M. JOHNSTON

PC

01/06/2003

Electronic Signature of Signing Officer or Director

Date