2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # L03388  1. Entity Name SETI CORPORATION					FILED Apr 24, 2001 08:00 AM Secretary of State				
Principal Place ONE INDEPENI STE. 2000 JACKSONVILL 32202	DENT DRIVE	Mailing Address ONE INDEPENDENT DRIVE STE. 2000 JACKSONVILLE 32202	FL US						
2. Principal Pl	ace of Business	3. Mailing Address						-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		FEI Number 9-2958981	<u></u>	<u> </u>	plied For	
Zip	Country	Zìp	Country		Certificate of Status Desired		.75 Add	litional	
	6. Name and Address of Co	urrent Registered Agent	<del></del>	7.	Name and Address of New F			<u> </u>	
ONE INDEP STE. 2000	N, RICHARD SCOTT ENDENT DRIVE		Strei	ne UGHON R	ICHARD S  Box Number is Not Acceptable				
JACKSONV 32202	ILLE US	FL	STE.	. 2000		FL	Zip Code		
		ment for the purpose of changing its		KSONVILLE	<u></u>		32202		
9. This corpo Tax filing re	SCOTT DRAUGH Signature, typed or printed name of register ration is eligible to satisfy its Inta equirement and elects to do so, a on back)	ed agent and title if applicable. (NOT	III FEE IS \$1 01 Fee will be	\$550.00	einstating)  10. Election Campaign Fit  Trust Fund Contributio		\$5.0	<b>0</b> May Be to Fees	
11.	OFFICER	S AND DIRECTORS	12.	ΑC	DDITIONS/CHANGES TO OFF	FICERS AND DI	RECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS DRAUGHON, RICHARD SCOONE INDEPENDENT DRIVE, JACKSONVILLE		TITLE NAME STREET ADDRE CITY-ST-ZIP	DPVS DRAUGHO	ON RICHARD S PENDENT DRIVE, STE 2000	X	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRE	ess		_	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-2IP	ess			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORE CITY-ST-ZIP	ess			] Change	Addition	
of the corr	or this report or supplemental re oration or the receiver or truste or on an attachment with an add		my signature sha as required by	all have the same Chapter 607, Flori	local offect on if made under	محمدا فمطنا بطفحم		ar disastar	

Date

Daytime Phone #