2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State 03-07-2005 90287 025 ***150.00 DOCUMENT # P00000064817 ECS OF UTAH, INC. Mailing Address Principal Place of Business 50023476 1000 PARK FORTY PLAZA 1000 PARK FORTY PLAZA DURHAM, NC 27713 DURHAM, NC 27713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. FEI Number 65-1020305 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE MAKE CHECK PAYABLE TO 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees FLORIDA DEPARTMENT OF STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition PD ☐ Delete TITLE TITLE DRESNICK, STEPHEN J M.D. 1000 PARK FORTY PLAZA SUITE 500 NAME DRESNICK, STEPHEN J M.D. NAME STREET ADDRESS STREET ADDRESS 2828 CROASDAILE DRIVE DURHAM, NC 27705 CITY-ST-ZIP CITY-ST-ZIP DURHAM, NC 27713 VS Change Ch ☐ Addition vs ☐ Delete TITLE TIFLE BAUCHERT, EUGENE F JR. DAUCHERT, EUGENE F. JR 1000 PARK FORTY PLAZA SUITE 500 NAME NAME 2828 CROASDAILE DRIVE STREET ADDRESS STREET ADDRESS DURHAM, NC 27705 CITY-ST-ZIP DURHAM, NC 27213 CITY-ST-ZIP ☐ Change ☐ Addition TITE Delete TITLE NAME DAVIS, TAMMY NAME STREET ADDRESS STREET ADDRESS 2828 CROASDAILE DRIVE CITY-ST-ZIP CITY-ST-ZIP DURHAM, NC 27705 ∠Change ☐ Addition Delete TITLE THE NAME SPOON, EILEEN E NAME SPOON, ELLEEN E. 1000 PARK FORTY PLAZA SUITE 500 STREET ADDRESS 2828 CROASDAILE DRIV E STREET ADDRESS CITY-ST-ZIP DURHAM, NC 27705 CITY-ST-ZIP DURHAM, NG 17713 TITLE ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Mar 07, 2005 8:00 am

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Eugene F./ Saucher T. 2/21/00 SIGNATURE: