

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 323631

1. Entity Name
TRANSCONEX INCORPORATED

Principal Place of Business Mailing Address
1611 NW 82ND AVE 6696 NW 12TH ST. 1611 NW 82ND AVE 6696 NW 12TH ST.
MIAMI FL 33126 MIAMI FL 33126
US US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1198776

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

DUEN, ANTONIO
1611 NW 82ND AVE 6696 NW 12TH ST.
MIAMI FL 33126

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 SD
NAME THOMPSON, KURT
STREET ADDRESS 21818 76TH AVE SOUTH
CITY-ST-ZIP KENT WA 98032 ☒ Delete

TITLE SD
NAME LEPAGE, JEFF
STREET ADDRESS 450 SHATTUCK AVE. S. SUITE 401
CITY-ST-ZIP RENTON, WA 98055 ☐ Change ☒ Addition

TITLE P
NAME LEPAGE, MATTHEW J
STREET ADDRESS 21818 76TH AVE SOUTH
CITY-ST-ZIP KENT WA 98032 ☐ Delete

TITLE P
NAME LEPAGE, MATTHEW J
STREET ADDRESS 450 SHATTUCK AVE. S. SUITE #401
CITY-ST-ZIP RENTON, WA 98055 ☒ Change ☐ Addition

TITLE DCOO
NAME SCHULLER, MICHAEL J
STREET ADDRESS RD 190, KM 1.8 CHARLYN IND PARK
CITY-ST-ZIP CAROLINA PR 00983 ☒ Delete

TITLE
NAME BROWN, BRUCE
STREET ADDRESS 450 SHATTUCK AVE. S. SUITE 401
CITY-ST-ZIP RENTON, WA 98055 ☐ Change ☐ Addition

TITLE
NAME JACOBSON, TIMOTHY
STREET ADDRESS 450 SHATTUCK AVE. S. SUITE 401
CITY-ST-ZIP RENTON, WA 98055 ☐ Change ☒ Addition

TITLE
NAME JACOBSON, TIMOTHY
STREET ADDRESS 450 SHATTUCK AVE. S. SUITE 401
CITY-ST-ZIP RENTON, WA 98055 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/11/01 (206)382-0750
Date Daytime Phone #

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90125 039 ***550.00



DO NOT WRITE IN THIS SPACE

AV 82883300

CR2E034 (5/01)