- - AMENDMENT

FOR PROFIT CORPORATION

U	NIFORM BUSINE	SS REPOR		ريو حاضيتك ا			
DOCUMENT# 350751					FILED		
1. Entity Name					02 MAR 26 AM 9: 02		
BESSENT, HAMMACK & RUCKMAN, INC.							
				-	SECRETARY TALLAHASSE	OF STATE	
	DO NOT WRITE	IN THIS S	PACE	-		e Hereje (C. Suit d'Estrolò d'A).	
2. Principal Place of Business 1,000 Commonster Committee 1,000 Co							
1900 Corporate Sq. Blvd. 1 Suite, Apt. #, etc.		1900 Corporate Sq. Blvd. Suite, Apt. #, etc.		1.	DO NOT WRITE IN THIS SPACE		
O'- 6 C	_	Cit of Cit					7
City & State Jacksonville, FL		City & State Jacksonville, FL		l l	FEI Number 9-1281964	Applied For Not Applicable	1
^{Zip} 32216	Country US	Zip 32216	Country US	5.	Certificate of Status Desired XX	\$8.75 Additional Fee Required	
∓. , ,≱.,⊙		e english to the	. ■ Name	7. Na	ame and Address of Current Registe	red Agent	1
	DO NOT W	DITE	Nita	a Rankir			
			\$1900	ddress (P.O. E Corpor	Box Number is Not Acceptable)		
•	IN THIS SP	ACE					1
7			City			Zip Code 32216	1
R The above	named entity submits this statement for	the number of changing is		sonvill	.e <u> </u>	<u> 32216</u>	-
	Signature, typed or printed name of registered agent a prattion is eligible to satisfy its Intangible requirement and elects to do so.	January 1 -	of E: Registered Agent signal May 1 Fee is \$150 y 1, Fee is \$550.00	0.00	10. Election Campaign Financing.	\$5.00 May Be	 -
(See crite	ria on back)	Make Check Pay	ed UBR is \$61.25 able to Departmen		Trust Fund Contribution.	Added to Fees	
<u>11: б</u> ППLE ³	OFFICERS AND I	DIRECTORS	mrc	· , , , , , ,			l _⊊
NAME "	President/Director	TITLE NAME "	5 4 5			QR2E034B (12/01)	
STREET ADORESS	Michael J. Saylor 12581 Sawpit Rd.		STREET ADDRESS	2, 1			48 (
CITY-ST-ZIP	Jacksonville, FL	32226	CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	<u> </u>	8
TITLE NAME	Vice President/Dire	ector	TITLE	- : /	1000053	(27571 — -	182
STREET ADDRESS	Nita Rankin 3852 Danforth Dr.,	Ţ.J	STREET ADDRESS		-04/237	0201072 - -002	
CITY - ST - ZIP	Jacksonville, FL	32224	CITY-ST-7IP	<u> </u>	*****	0.00 *****70.	ρo
TITLE	Vice President/Dire	ector	TITLE	,			
NAME STREET ADDRESS	Stephen J. Stewart 1151 Lakewood Rd.		NAME * STRLET ADDRESS*	· · · · · · · · · · · · · · · · · · ·	and the second of the second o	and the second s	
CITY ST-ZIP	Jacksonville, FL	32207	CITY-ST-ZIP	6 9	DO NOT WE	AIL .	
FITLE	Vice President/Dire	TITLE	0	IN THIS SPA	VCE		
NAME	Gene Howerton	NAME		IIV IIIIO OFF	CL.	}	
STREET ADDRESS CITY - ST - ZIP	4062 San Jose Blvd.	STREET ADDRESS CITY-ST-ZIP					
IIIFE 	Jacksonville, FL 32207 Vice President/Director			-			1
NAME	Vice President/Dire Carl Schellhase	TITLE + *					
STREET ADDRESS							1
CITY - ST - ZIP	Y-ST-ZIP Jacksonville, FL 32225						
TITLE	Vice President	343	TITLE 4, . •			1	
NAME. STREET ADDRESS	Andrew Zarka	A ⁱ sro.	* NAME			9m	
CTTY - ST - ZIP	12.10 W27.50 Branch 1110.				the state of the sale	The state of the s	}
							1

13. Thereby certify that the information supplied with this filling 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 earlit, 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 on an attachment with an address, with all other like empowered.

Nita Rankin 03/14/02 904-721-2991 SIGNATURE: AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATUR Daytime Phone #

