

**2001 UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT # 500946

1. Entity Name  
Southeastern Personnel Management, Inc.

Principal Place of Business      Mailing Address  
225 West Busch Blvd.  
Tampa, Florida 33612

2. Principal Place of Business      3. Mailing Address  
Florida      225 West Busch Blvd.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Tampa, Florida      Tampa, Florida

Zip      Country      Zip      Country  
33612           33612      Hillsborough

**FILED**  
01 NOV 19 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000004719740--5  
-12/12/01--01008--029  
\*\*\*\*122.50 \*\*\*\*\*61.25  
DO NOT WRITE IN THIS SPACE

LS

4. FEI Number      Applied For  
591821837      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

CT Corporation System      Name Terry Koch  
1200 South Pine Island Road      Street Address (P.O. Box Number is Not Acceptable)  
Plantation, Florida 33324      225 West Busch Blvd

City Tampa      FL      Zip Code 33612

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]      DATE 11/29/01  
Signature of the filer or authorized registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

FILE NOW WITH FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing      \$5.00 May Be Added to Fees  
Trust Fund Contribution.     

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Thomas Penderay</u> <u>225 W. Busch Blvd.</u> <u>Tampa, FL 33612</u> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Howard Brill</u> <u>215 Union Blvd Suite 400</u> <u>Lakewood, CO 80228</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Frank Johnson</u> <u>225 W Busch Blvd.</u> <u>Tampa, FL 33612</u> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Exec. vice President</u> <u>Robert Larkin</u> <u>225 West Busch Blvd.</u> <u>Tampa, FL 33612</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP and Secretary</u> <u>Fred Viarrial</u> <u>215 Union Blvd. Suite 400</u> <u>Lakewood, CO 80228</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Christopher J. Bock</u> <u>215 Union Blvd. Suite 400</u> <u>Lakewood, CO 80228</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Terry Koch</u> <u>225 West Busch Blvd.</u> <u>Tampa, Florida 33612</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO</u> <u>John Hess</u> <u>215 Union Blvd. Suite 400</u> <u>Lakewood, CO 80228</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]      DATE 10/29/01 (813) 239-3222  
Signature and typed or printed name of signing officer or director

CR2E034 (11/00)