

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91185 038 \*\*\*150.00

DOCUMENT #526652

1. Entity Name  
U.S. RESEARCH SERVICE, INC.

Principal Place of Business  
H. S. RESEARCH SERVICES, INC.  
4989 W ATLANTIC AVENUE # B  
DELRAY BEACH FL 33445  
US

Mailing Address  
H. S. RESEARCH SERVICES, INC.  
4989 W ATLANTIC AVENUE # B  
DELRAY BEACH FL 33445  
US

2. Principal Place of Business  
U.S. Research Service, Inc.  
Suite, Apt., etc. 7499 W. Atlantic Ave.  
City & State Suite 200 B  
Delray Beach, FL 33446  
Zip Country PALM BEACH

3. Mailing Address  
U.S. Research Service, Inc.  
Suite, Apt., etc. 7499 W. Atlantic Ave.  
City & State Suite 200 B  
Delray Beach, FL 33446  
Zip Country PALM BEACH

4. FEI Number  
59-1750774

Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
COHEN, HARVEY S.  
4989 W ATLANTIC AVENUE  
SUITE B  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent  
Name  
Street Address  
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 HARVEY S. COHEN PRESIDENT  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/1/02

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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE PD COH 1800 NOR Harvey S & Jeanne Cohen  
NAME 14460 Strathmore Ln Apt 808  
STREET ADDRESS Delray Beach FL 33446-3029  
CITY-ST-ZIP  
TITLE SD COH 1800 NOR Harvey S & Jeanne Cohen  
NAME 14460 Strathmore Ln Apt 808  
STREET ADDRESS Delray Beach FL 33446-3029  
CITY-ST-ZIP  
TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: HARVEY S. COHEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/1/02  
Daytime Phone # 561 865 39