2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 10, 2001 8:00 am Secretary of State 01-10-2001 90141 028 ***150.00 **DOCUMENT # 534265** REGUS, INC. Principal Place of Business Mailing Address PO BOX 16 6013 S 6TH ST SNELDON SC 29941 00001653 TAMPA FL 33611 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1784665 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOERLICH, RICHARD E. JR. Street Address (P.O. Box Number is Not Acceptable) 6013 S 6TH ST **TAMPA FL 33611** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ■ Addition ☐ Change TITLE ☐ Delete TITLE GOERLICH, RICHARD E JR NAME NAME STREET ADDRESS 639 PAIGE POINT RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEABROOK SC 29940 ☐ Change ☐ Addition ☐ Delete TITLE GOERLICH, RICHARD E III NAME STREET ADDRESS STREET ADDRESS 6013 S 6TH ST CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33611 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

R.E. GOERLICH JR.

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