2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am³ Secretary of State 534265 DOCUMENT # 1. Entity Name 05-01-2002 91596 006 ***150 00 REGUS, INC. Principal Place of Business Mailing Address PO BOX 16 6013 S 6TH ST SNELDON SC 29941 **TAMPA FL 33611** HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1784665 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOERLICH, RICHARD E. JR. Street Address (P.O. Box Number is Not Acceptable) 6013 S 6TH ST **TAMPA FL 33611** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE GOERLICH, RICHARD E JR NAME NAME STREET ADDRESS 639 PAIGE POINT RD STREET ADDRESS CITY-ST-ZIP SEABROOK SC 29940 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME **GOERLICH, RICHARD E III** NAME STREET ADDRESS STREET ADDRESS 6013 S 6TH ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33611 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: 2 ECRATICAL RECIRETE GOER LC13 Je 17 APR'02 (843) 982-0336

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.