2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 11, 2008 08:00 A Secretary of State **DOCUMENT # 534265** 1. Entity Name REGUS, INC. Principal Place of Business Mailing Address 6013 S 6TH ST PO BOX 16 **TAMPA FL 33611** SNELDON SC 29941 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, atc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1784665 Not Applicable Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOERLICH, RICHARD E. JR. 6013 S 6TH ST Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33611** City 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. I am familiar with, and accept the colligations of registered agent. SIGNATURE Blackshare Typed or printed harring they share better Black Education INDIE Registered Agont eigniture requires when reinstein pt DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1,"2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE De ete TITLE ☐ Change ☐ Addition NAME GOERLICH, RICHARD E JR NAME STREET ADDRESS 639 PAIGE POINT RD STREET ADDRESS CITY-ST-ZIP SEABROOK SC 29940 CITY-ST-7IP TITLE Derete TITLE Change Addition MAME GOERLICH, RICHARD E III NAME STREET ADDRESS 6013 S 6TH ST STREET ADDRESS 04/23/03-80002-017 150.00 CITY - ST - ZIP TAMPA FL 33611 CITY ST-ZIP TOLLE ☐ Darete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-216 CITY-ST-ZIP 11111 ☐ Delete TIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE De ete ☐ Change Addition NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP THE ☐ Delete NOME NAME STREET ADDRESS STREET ADDRESS OHY-ST-7IP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 early 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

07 APRIL 2008 (843) 982-0336

SIGNATURE OF TYPER OF SOUTED NAME OF SIGNING OFFICER OF DIRECTO