

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90161 047 \*\*\*150.00

**DOCUMENT # 561979**

1. Entity Name  
**THE ANSPACH EFFORT, INC.**



Principal Place of Business  
**4500 RIVERSIDE DRIVE  
PALM BCH GARDENS FL 33410  
US**

Mailing Address  
**4500 RIVERSIDE DRIVE  
PALM BEACH GARDENS FL 33410-4309  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-1804024**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**PRINE, KIM A**  
**1900 PHILLIPS POINT WEST**  
**777 SOUTH FLAGLER DRIVE**  
**WEST PALM BEACH FL 33401**

**7. Name and Address of New Registered Agent**

Name  
**KIM A HINES**

Street Address (P.O. Box Number is Not Acceptable)  
**1900 PHILLIPS POINT WEST**

**777 SOUTH FLAGLER DRIVE**

City  
**WEST PALM BEACH**

FL Zip Code  
**33401**

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 obligations of registered agent.

SIGNATURE **KIM A HINES (FORMERLY PRINE)** 01/08/03

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>ANSPACH, WILLIAM E. JR</b>	
STREET ADDRESS	<b>4500 RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL 33410</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCGARRITY, AMY A.</b>	
STREET ADDRESS	<b>4500 RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL 33410</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>WACHTER, WILLIAM H.</b>	
STREET ADDRESS	<b>4500 RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL 33410</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>BEERS, ELAINE K.</b>	
STREET ADDRESS	<b>4500 RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL 33410</b>	
TITLE	<b>X</b>	<input type="checkbox"/> Delete
NAME	<b>MCGARRITY, CHARLES E.</b>	
STREET ADDRESS	<b>4500 RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL 33410</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANSPACH, THOMAS A</b>	
STREET ADDRESS	<b>4500 RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33410</b>	
TITLE	<b>VP - INT'L</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLEMENT FONG</b>	
STREET ADDRESS	<b>4500 RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33410</b>	
TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P - GBD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 01/08/03 (561) 627-1080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)