

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90267 021 \*\*\*150.00

718480



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 565238</b> 1. Entity Name <b>EQUITRAC CORPORATION</b>			
Principal Place of Business <b>836 PONCE DE LEON BLVD.          CORAL GABLES FL 33134</b>		Mailing Address <b>836 PONCE DE LEON BLVD.          CORAL GABLES FL 33134</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>59-1797862</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI          201 SOUTH BISCAYNE BLVD.          1600 MIAMI CENTER          MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE	<b>CFO</b> <b>STAVELEY, RICK</b> <b>836 PONCE DE LEON BLVD</b> <b>CORAL GABLES FL 33134</b>	<input checked="" type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>D</b> <b>KANE, JOHN T.</b> <b>836 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>PD</b> <b>WILSON, GEORGE P.</b> <b>836 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>S</b> <b>JONES, SHARON</b> <b>7301 SW 37ST</b> <b>MIAMI FL 33155</b>	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>D</b> <b>LARSON, STEPHEN L</b> <b>836 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>D</b> <b>ROSSI, MARK</b> <b>836 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	<b>Rahul Khanorkar, CFO</b>	<input checked="" type="checkbox"/> Change <input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
<b>SIGNATURE:</b> <i>Sharon Jones</i> <b>Sharon Jones</b> <b>2-7-01</b> <b>305-442-2060.</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/00)