2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/3/2005-90176-042-$150.00-$150.00

DOCUMENT # 565238

1. Entity Name
EQUITRAC CORPORATION

FILED
05 APR 20 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02162005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1000 SOUTH PINE ISLAND RD. SUITE 900 PLANTATION, FL 33324	1000 SOUTH PINE ISLAND RD. SUITE 900 PLANTATION, FL 33324

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1797862 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI, FL 33131

SEE ATTACHED

7. Name and Address of New Registered Agent

Name: National Registered Agents, Inc

Street Address (P.O. Box Number is Not Acceptable)

526 East Park Avenue

City: Tallahassee FL Zip Code: 32301

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: * See R/A Chg. Filed 4/8/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO KHANORKAR, RAHUL 1000 S. PINE ISLAND RD., SUITE 900 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD RICH, MICHAEL 1000 S. PINE ISLAND RD., SUITE 900 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, GEORGE P 1000 S. PINE ISLAND RD., SUITE 900 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARSON, STEPHEN L 1000 S. PINE ISLAND RD., SUITE 900 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HADDAD, DAVID 1000 S. PINE ISLAND RD., SUITE 900 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTE, MICHAEL 1000 S. PINE ISLAND RD., SUITE 900 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: RAHUL KHANORKAR 2/24/05 954-888-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #