

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 611470

FILED
Jan 03, 2003
Secretary of State

Entity Name: EVALUATION SYSTEMS DESIGN, INC.

Current Principal Place of Business:

5145 PIMLICO
TALLAHASSEE, FL 32308

New Principal Place of Business:

5145 PIMLICO
TALLAHASSEE, FL 32309

Current Mailing Address:

5145 PIMLICO
TALLAHASSEE, FL 32308

New Mailing Address:

5145 PIMLICO
TALLAHASSEE, FL 32309

FEI Number: 59-1909348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGQUIST, CONSTANCE ANNE CRAWFORD
5145 PIMLICO DR.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

BERGQUIST, CONSTANCE ANNE CRAWFORD
5145 PIMLICO DR.
TALLAHASSEE, FL 32309 US

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:

01/03/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERGQUIST, CONSTANCE, A.
Address: 5145 PIMLICO DR.
City-St-Zip: TALLAHASSEE, FL

Title: VD () Delete
Name: ROSS, DEBORAH A.,
Address: 10584 JASON CT.
City-St-Zip: COLUMBIA, MD

Title: STD () Delete
Name: BERGQUIST, GILBERT T.,
Address: 5145 PIMLICO DR.
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BERGQUIST, CONSTANCE, A.
Address: 5145 PIMLICO DR.
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VD (X) Change () Addition
Name: ROSS, DEBORAH A.,
Address: 10584 JASON CT.
City-St-Zip: COLUMBIA, MD 21044 US

Title: STD (X) Change () Addition
Name: BERGQUIST, GILBERT T.,
Address: 5145 PIMLICO DR.
City-St-Zip: TALLAHASSEE, FL 32309 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANCE ANNE CRAWFORD BERGQUIST

PD

01/03/2003

Electronic Signature of Signing Officer or Director

Date