2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#735123

Entity Name: THRESHOLD, INC.

FILED May 06, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3550 NORTH GOLDENROD ROAD PO BOX 1110 GOLDENROD, FL 32733 **Current Mailing Address: New Mailing Address:** 3550 NORTH GOLDENROD ROAD PO BOX 1110 GOLDENROD, FL 32733 FEI Number: 59-1674609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLARD, TEENA B 4000 N CHICKASAW TRAIL ORLANDO, FL 32817 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PARKER, M.J. WRIGHT, FRANK H Name: Name: 3275 PROGRESS DR., STE 2A Address: 3529 NANCY COURT Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: PLANO, TX 75023 Title: VD () Delete Title: (X) Change () Addition WILLARD, TEENA B, Name: WILLARD, TEENA B, Name: Address: 4000 N. CHICKASAW TRAIL Address: 4000 N. CHICKASAW TRAIL City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL Title: () Delete Title: (X) Change () Addition DENNIS, JUDY WRIGHT, ROBERT E PH.D. Name: Name: 17845 NW 21ST STREET Address: Address: 2942 CRESTLINE DRIVE City-St-Zip: HOLLYWOOD, FL 33029 City-St-Zip: GRAPEVINE, TX 76051 () Delete Title: Title: () Change () Addition Name: WILLARD, MD, SARAH Name: 31 W COLUMBIA ST STE 2 Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: () Delete Title: CD (X) Change () Addition HAURY, DICK Name: Name: HAURY, DICK 1818 ESPANOLA DR 1818 ESPANOLA DR Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 Title: () Delete Title: () Change () Addition TERRY, MARK Name: Name: Address: 100 S ORANGE AVE STE 1000 Address: ORLANDO, FL 32801 City-St-Zip: City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TEENA B. WILLARD PD 05/06/2002