2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am § Secretary of State DOCUMENT # 834680 1. Entity Name EXEL DIRECT INC. 05-13-2002 90169 016 ***150.00 Principal Place of Business Mailing Address 1911 WILLIAMS DRIVE, #101 1911 WILLIAMS DRIVE, #101 P.O. BOX 5067 P.O. BOX 5067 OXNARD CA 93030 OXNARD CA 93030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-2653439 Not Applicable: Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name US CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET, SUITE #105 TALLAHASSEE FL 32301 ;City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PCEO** ☐ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME AVRAMOVICH, DANIEL W NAME STREET ADDRESS WILLIAMS DRIVE, SUITE #101 STREET ADDRESS CITY-ST-7IP OXNARD CA 93030 CITY-ST-ZIP GCS ☐ Delete TITLE ☐ Change ☐ Addition NAME BORATYN, MARTIN T NAME STREET ADDRESS 1911 WILLIAMS DRIVE, #101 STREET ADDRESS CITY-ST-ZIP OXNARD CA 93030 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MUSSA, MAURICE A NAME STREET ADDRESS 1911 WILLIAMS DRIVE, #101 STREET ADDRESS CITY-ST-ZIP OXNARD CA 93030 CITY-ST-ZIP TITLE VPD Delete TITLE Change Addition NAME CRUMBLEY, ROBERT J NAME STREET ADDRESS 1911 WILLIAMS DRIVE, #101 STREET ADDRESS CITY-ST-ZIE OXNARD CA 93030 CITY-ST-ZIP TITLE VPD ☐ Delete TITLE Change ☐ Addition MANGEN, KENNETH J NAME NAME STREET ADDRESS 1911 WILLIAMS DRIVE, #101 STREET ADDRESS CITY-ST-ZIP OXNARD CA 93030 CITY-ST-ZIP ۷P ☐ Delete TITLE ☐ Change ☐ Addition LEWIS, GARY L NAME NAME

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

ONING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

1911 WILLIAMS DRIVE, #101

OXNARD CA 93030

STREET ADDRESS

CITY-ST-ZIP

Martin T. Bordyn 4/16/02

FILED