

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90227 023 ***150.00

DOCUMENT # 839880			
1. Entity Name FREUND ASSOCIATES, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1500 S OCEAN BLVD Suite, Apt. #, etc. 802 S City & State BOCA RATON, FLORIDA Zip 33432		3. Mailing Address 1500 S OCEAN BLVD Suite, Apt. #, etc. 802 S City & State BOCA RATON, FLORIDA Zip 33432	
		DO NOT WRITE IN THIS SPACE	
		4. FEI Number 38-1913404	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name RICHARD A. FREUND	
		Street Address (P.O. Box Number is Not Acceptable) 1500 S. OCEAN BLVD, # 802 S	
		City BOCA RATON FL Zip Code 33432	
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 _____ DATE _____ <small>Signature typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE C D NAME FREUND, RICHARD A STREET ADDRESS 1500 S. OCEAN BLVD, # 802 S CITY - ST - ZIP BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE D NAME FREUND, ROBERT A STREET ADDRESS 3885 TORREY HILL LANE CITY - ST - ZIP SAN DIEGO, CAL 92130		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE S NAME STEINMAN, FRANCES STREET ADDRESS 550 HENLEY CITY - ST - ZIP BIRMINGHAM, AL 35204		DO NOT WRITE IN THIS SPACE	
TITLE D NAME OLDS, PATRICIA STREET ADDRESS 4924 LEESBURG CITY - ST - ZIP W. BLOOMFIELD, MI 48323			
TITLE D NAME WEST, MEREDITH STREET ADDRESS 281 SOUTH ILWACO RD CITY - ST - ZIP RIVER FALLS, WI 54027			
TITLE 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)(b), 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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE: * <i>Richard A. Freund</i> * SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		FEB 10, 2003 1-561-304-9046 Date Daytime Phone #	

CR2E034B (12/01)