FILED Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90220 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUI 1. Entity Nam FOOTST	ne	# 858202 ORATION	•			5	03-	31-2003 90	220 040 °	130	,00	
Principal Place of Business			Mailing Address									
7880 BENT BRANCH #100			ATTN: TAX DEPARTMENT 67 MILLBROOK ST						•			
IRVING, TX 75063 US			WORCESTER, NA 01606 US									
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Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					_	
City & State			City & State			4. F	4. FEI Number 75-1500359				plicable	1
Zip		Country	Zip	Coun	ntry	5 . C	Certificate of Status D	Desired 🗌	\$ 8.75 Fee Re	Addition auired	nal	1
A714		and Address of Current	Registered Agent			7. N	ame and Address	of New Registe		·	-	†
	~~	PORATION COMPANY		Name				-				
1201 HAYS SUITE 105			Street Address (P.O.			ox Number is Not A	oceptable)				1	
TALLAHAS	SEE, FL 32	301										
					City				FL Zip	Code		
A The ahove	named entity	submits this statement to	r the purpose of changing its	register	ed office or registe	ered and	ent or both in the S		<u> </u>	with and	accent	
	ions of registe		and purpose of one igning its	. og.o.o.		or und	511, 51 2021, 11 11 0 C		· an ranna	ivility actor	- double	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature reinstating) CATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						·	9. Election Cam Trust Fund Co			5.00 M		
10.	AND AND ASSESSMENT	OFFICERS AND	DIRECTORS	11.		ADI	L DITIONS/CHANGES	TO OFFICERS	AND DIREC	TORS IN	11	
TITLE	CCEO		☐ Delete	1111	E				☐ Cha	_	Addition	2
NAME	JOHN M R		NAV	·- J							110/02	
STREET ADDRESS City-St-Zip	1 CROSFIE	ILD AVE ICK, NY 10994	8	ET ADDRESS (-ST-21P							Fn34	
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NAME	JEFFREY	SHEPARD	L) Desert	NAM						iige _] Addition	2
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NAME STREET ADDRESS	GUINNESS	EY, KATHY	- Carrier Carrier Carrier	NAV STR	RE BET ADDRESS				<u> </u>			ļ
CITY-ST-2P	J	ACK, NY 10994		В	7-51-ZIP							
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NAME	STEESE, F			NAV	_							ļ
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CITY-ST-2IP		ACK, NY 10994	-	спу	(-S1-ZIP	1	****	·		<u> </u>		1
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NAME STREET ADDRESS	WILSON, I			NAM STR	RET ADDRESS					•		
CITY-ST-ZIP)	TER, MA 01606		1	r-S1-2IP			-				
12. I hereby	certify that the	information supplied with	this filing does not qualify fo	r the exe	emption stated in S	ection 1	119.07(3)(i),-Florida	Statutes, i furthe	er certify that	the Inforr	mation	1
of the cor	rporation or the	e receivez o r trustee emp i	true and accurate and that in a second that in a second this report	as requ	iture shall have the iired by Chapter 60	same k 07, Florid	egal effect as it mad da Statutes; and tha	ie under oath, t t my name app	nat I am an o ears in Block	люегого 10 or Blo	iirector ick 11 if	
changed,	, or on an atta	comeni with an address,	with all other like empowered			•	_1 _	^-	208			
SIGNAT	TURE:	1	7-1				Set 2-	<u>03</u>	75	1-7	189	
		SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIREC	ROT		Cate		Daylirra Ptx	>ne #		}