2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000222

1. Entity Name

PLATFORM SERVICES, L.P.

Principal Place of Business	Mailing Address
30-50 WHITESTONE EXPRESSWAY FLUSHING NY 11354	30-50 WHITESTONE EXPRESSWAY FLUSHING NY 11354

2. Principal Place of Business 223 E. De La Guerra St.

3. Mailing Address 223 E. De La Guerra St.

Suite, Apt. #, etc.　　　　Suite, Apt. #, etc.

City & State Santa Barbara CA　City & State Santa Barbara CA

Zip 93101 Country USA　Zip 93101 Country USA

4. FEI Number [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E PARK AVENUE TALAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City ____ FL ____ 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) DATE

9. Capital Contributions as Shown on record. $100.00

10. Amount of Capital Contributions in FLORIDA to date. $100

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13.	ADDRESS CHANGES ONLY
DOCUMENT #	F99000002908	STREET ADDRESS	
NAME	PT-1 HOLDINGS II, INC.		
STREET ADDRESS	30-50 WHITESTONE EXPRESSWAY	CITY-ST-ZIP	
CITY-ST-ZIP	FLUSHING NY 11354		
DOCUMENT #	F99000002907	STREET ADDRESS	
NAME	PT-1 TECHNOLOGIES, INC.		
STREET ADDRESS	30-50 WHITESTONE EXPRESSWAY	CITY-ST-ZIP	500003436905--3
CITY-ST-ZIP	FLUSHING NY 11354		
DOCUMENT #		STREET ADDRESS	--10/24/00--01070--006
NAME			****141.25--****141.25--
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (5/00)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ RED　8/11/00　805 899 1962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER　Date　Daytime Phone #