

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 27 AM 9:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

400004089924--3

DO NOT WRITE IN THIS SPACE

DOCUMENT # F00000000256			
1. Entity Name TelePlace, Inc.			
Principal Place of Business 551 SE 8th Street Delray Beach, FL 33483		Mailing Address 551 SE 8th Street Delray Beach, FL 33483	
2. Principal Place of Business 1515 S. Federal Highway Suite, Apt. #, etc. 302		3. Mailing Address 1515 S. Federal Highway Suite, Apt. #, etc. 302	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33432	Country USA	Zip 33432	Country USA
4. FEI Number 65-0972052		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, FL 32301		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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>		FILE NOW!!! FEE IS \$150.00 AFTER MAY 1, 2001 Fee will be \$550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D Stephen Saldanha 551 SE 8th Street Delray Beach, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen Saldanha 1515 S. Federal Hwy #302 Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary David Hannah 551 SE 8th Street Delray Beach, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gary Hancock 1515 S. Federal Hwy #302 Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Marc Odrobina 551 SE 8th Street Delray Beach, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Stelzer 1515 S. Federal Hwy #302 Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Clifford Friedland 551 SE 8th Street Delray Beach, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D. Craig Walker 1515 S. Federal Hwy #302 Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Glassman 551 SE 8th Street Delray Beach, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Michael Starcher 1515 S. Federal Hwy #302 Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Benjamin Austin, III 1515 S. Federal Hwy #302 Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 reports 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/26/01 Daytime Phone # 561 237 3000	

CR2E034 (11/00)

Handwritten: Gary Hancock (Now 4/26/01)



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ACCOUNT NO. : 072100000032

REFERENCE : 130980 7220808

AUTHORIZATION :

COST LIMIT : \$ 50.00 *Patricia Pizot*

ORDER DATE : April 27, 2001

ORDER TIME : 1:53 PM

ORDER NO. : 130980-005

CUSTOMER NO: 7220808

CUSTOMER: Christine M. Martin, Paralegal
Teleplace, Inc.
1515 South Federal Highway
Suite 302
Boca Raton, FL 33432

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 APR 27 PM 2:24

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: TELEPLACE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: _____