FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am F00000000944 DOCUMENT # **Secretary of State** 1. Entity Name 02-17-2002 90093 026 ***150.00 PHASE 2 SOLUTIONS, INC. Principal Place of Business Mailing Address 3220 UDDENBERO LANE. STE 4 3220 UDDENBERG LANE. STE 4 GIO HARBOR WA 98335 GIG HARBOR WA 98335 2. Principal Place of Business 3. Mailing Address 8901 E. Raintree Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 100 City & State City & State Applied For 4. FEI Number Scottsdale AZ 86-0920048 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 85260 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALUMBO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1458 BYRON RD FORT MYERS FL 33919 Zip Code City 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 \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE NAME WILLETT, LARRY R NAME 8901 € Raintree #100 Scottsdale AZ 85260 STREET ADDRESS 14505 N. HAYDEN, STE 322 STREET ADDRESS CITY-ST-ZIP SCOTTSDALE AZ CITY-ST-7IP Change TITLE ☐ Delete TITLE NAME NAME MILLER, ROBERT D 8901 E. Raintree # 100 STREET ADDRESS STREET ADDRESS 14505 N. HAYDEN, STE 322 CITY-ST-7IP CITY-ST-ZIP SCOTTSDALE AZ TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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)(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

SIGNATURE:

CHAPTURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

1/25/02

480-477-1221