# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 11, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# F00000001691

**Entity Name:** QS TECHNOLOGIES, INC.

**Current Principal Place of Business:**

1106 BANK OF AMERICA PLAZA
7 N LAUVENS ST
GREENVILLE, SC 29601

**New Principal Place of Business:**

1106 BANK OF AMERICA PLAZA
7 N LAURENS ST
GREENVILLE, SC 29601

**Current Mailing Address:**

P.O. BOX 847
GREENVILLE, SC 296020847

**New Mailing Address:**

**FEI Number: 57-1074006** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete
Name: STRANGE, J. LELAND
Address: 4355 SHACKEFORD RD
City-St-Zip: NORCROSS, GA 30093

Title: VC ( ) Delete
Name: GOODHEW, J. WILLIAM III
Address: 4355 SHACKEFORD RD
City-St-Zip: NORCROSS, GA 30093

Title: ST ( ) Delete
Name: HERRON, BONNIE L
Address: 1959 TROTTERS LANE
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: PD ( ) Delete
Name: DAVIDSON, KEVIN
Address: 26 MERRY OAK TRAIL
City-St-Zip: PIEDMONT, SC 29673

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN DAVIDSON PD 01/11/2002

Electronic Signature of Signing Officer or Director Date