2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2003 8:00 am Secretary of State

DOCUMENT # F0000002303 1. Entity Name SCREENING SYSTEMS INTERNATIONAL, INC.								103 9008 /	04/ ***	*150.00	
PO BOX 760 SLAUGHTER L			Mailing Address PO BOX 760 SLAUGHTER LA 70777								
2. Principal P	Place of Business		3. Mailing Address							, , , , , , , , , , , , , , , , , , , ,	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	FEI Number 72-1410402			oplied For at Applicable	,
Zip	Country		Zip	Cour	ntry	5.	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name an	d Address of Current	Registered Agent	ed Agent			7. Name and Address of New Registered Agent				
					Name	*					
NRAI SERVICES, INC. 526 E PARK AVENUE					Street Addr	ress (P.O. Box Number is Not Acceptable)					1
TALLAHASSEE FL 32301							 -				1
			City				FL Zip Code				
8. The above the obligat	named entity si	bmits this statement fo	r the purpose of changing its	s register	ed office or rec		gent, or both, in the State of Flor	ida, I am fan	illiar with,	and accept	1
SIGNATURE Signature: typed or printed name of registered agent and bite il applicable. (NOTE: Registered Agent signature required when re-natating) DATE											
	Signature, typed or p	rinted name of registered agent a	und title il applicable. (NOI	<u>.,</u>	The state of the s	equired when i	reinstating)	DAIE			-
···· After	FEE IS \$150.00 Fee will be \$550.00 lorida Department of		u.	-		9. Election Campaign Fina Trust Fund Contribution	ancing	\$5.0 Added	0 May Be I to Fees		
10.		OFFICERS AND		11.	* 4JE	A[DDITIONS/CHANGES TO OFFI	CERS AND D	RECTORS	3 IN 11	1
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NAME	WATSON, H		NA NA		E						18
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12. I hereby o	ertify that the in	formation supplied with	this filing does not qualify fo	r the exe	mption stated i	in Section	119.07(3)(i), Florida Statutes. I	further certify	that the in	formation	1

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 10 or Block 11 if changed, or on an attachment pitch an address, with all other like empowered.

SIGNATURE: