2001 UNIFORM BUSINESS REPORT (UBR)

Zip Country Sip Co	ed For
2. Principal Place of Business 3. Mailing Address 305 370 ff no Services, inc. affin, Legal Suite, Apt. #, etc. City & State City & State City & State City & State Country To Registered Agent 7. Name and Address of New Registered Agent	ed For
City & State City & State City & State City & State Country Status Desired Status Desired Status Desired Country Country	pplicable
Zip Country 9415 Suntry 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
Name	
CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301-2525 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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.	
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	V 11
TITLE CD Delete TITLE Change NAME WAGNER, JOANN W STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT 84115 CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Addition
TITLE PD NAME SCHAFFER, JOHN E STREET ADDRESS CITY-ST-ZIP KIRKLAND WA 98033 Delete TITLE PRESIDENT ROCK JOYES STREET ADDRESS B340 MISSION ROCK, Ste. 118 CITY-ST-ZIP Prairie Village, KS Lac 708	Addition
TITLE S Delete TITLE Change NAME MORRISON, JOHN K STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT 84115 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	Addition
TITLE VAS NAME STREET ADDRESS CITY-ST-ZIP NAME VAS Delete TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP MURRAY UT 84117 DIRECTOR EMERY, DENNIS N STREET ADDRESS CITY-ST-ZIP SAH LAKE CITY, Utan 84115	Addition
TITLE V Delete TITLE Change NAME NOVAK, BRIAN STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	Addition
TITLE NAME STEWART, BRAD L STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT 84115 TOTAL COMPONENT STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT 84115 TOTAL COMPONENT 2.245, 200 W. 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes, I further certification in Section 119.07(3)(ii), Florida Statutes, I further cer	Addition

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.