2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000002414

224 S 200 W

SALT LAKE CITY, UT 84101

Address:

City-St-Zip:

Entity Name: INTELIANT CORPORATION

Apr 10, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: % LEGAL DEPT. 1415 S. MAIN STREET SALT LAKE CITY, UT 84115 **Current Mailing Address: New Mailing Address:** SOS STAFFING SERVICES, INC 1415 S MAIN STREET, ATTŃ: LEGAL SALT LAKE CITY, UT 84115 FEI Number: 85-0285440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 526 E. PARK AVENUE TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WAGNER, JOANN W Name: Name: 1415 SOUTH MAIN STREET Address: Address: City-St-Zip: SALT LAKE CITY, UT 84115 City-St-Zip: Title: Title: () Delete () Change () Addition JONES, RICK Name: Name: 8340 MISSION ROAD, STE 118 Address: Address: PRAIRIE VILLAGE, KS 66208 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition MORRISON, JOHN K Name: Name: 1415 SOUTH MAIN STREET Address: Address: SALT LAKE CITY, UT 84115 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition HARDY, KEVIN Name: Name: Address: 1415 S MAIN STREET Address: City-St-Zip: SALT LAKE CITY, UT 84115 City-St-Zip: Title: Title: () Delete () Change () Addition STEWART, BRAD L Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOHN K. MORRISON S 04/10/2002