

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91152 004 ***150.00

DOCUMENT # **F000000003168**
 1. Entity Name
eRoom System Technologies, Inc

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
3770 HOWARD HUGHES PARKWAY, SUITE 175 **390 NORTH 3050 EAST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 175
 City & State City & State
LAS VEGAS, NV **ST. GEORGE, UT**
 Zip Zip
89109 **84790** Country Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 870540713 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/C/D	<input checked="" type="checkbox"/> Delete	TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN L. SWANICK		NAME	STEPHAN M. NELSON	
STREET ADDRESS	3770 HOWARD HUGHES PARKWAY, SUITE 175		STREET ADDRESS	390 N. 3050 E.	
CITY-ST-ZIP	LAS VEGAS, NV 89109		CITY-ST-ZIP	ST. GEORGE, UT 84790	
TITLE		<input type="checkbox"/> Delete	TITLE	C/D/CED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DAVID S. HARKNESS	
STREET ADDRESS			STREET ADDRESS	390 N. 3050 E.	
CITY-ST-ZIP			CITY-ST-ZIP	ST. GEORGE, UT 84790	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DR. ALAN C. ASHTON	
STREET ADDRESS			STREET ADDRESS	390 N. 3050 E.	
CITY-ST-ZIP			CITY-ST-ZIP	ST. GEORGE, UT 84790	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	S. LEE FLEGEL	
STREET ADDRESS			STREET ADDRESS	390 N. 3050 E.	
CITY-ST-ZIP			CITY-ST-ZIP	ST. GEORGE, UT 84790	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOHN J. PREHN	
STREET ADDRESS			STREET ADDRESS	390 N. 3050 E.	
CITY-ST-ZIP			CITY-ST-ZIP	ST. GEORGE, UT 84790	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gregory L. Hancie** **4/19/01** **800-316-3070**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)