

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90102 017 ***150.00

DOCUMENT # F00000003399

1. Entity Name

WorldxChange Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9775 Businesspark Ave

Suite, Apt. #, etc.

3. Mailing Address
1720 Windward Concourse

Suite, Apt. #, etc.

Suite 250

DO NOT WRITE IN THIS SPACE

City & State
San Diego CA

City & State
Alpharetta GA

4. FEI Number
13-4119107

Applied For
Not Applicable

Zip
92121

Country
USA

Zip
30005

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
TCS Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1406 Hays Street

City
Tallahassee FL Zip Code
32301

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 UBR applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

9. This Corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Garv Wasserson
9775 Businesspark Ave
San Diego CA 92131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Jeff L. Hollinaworth
9775 Businesspark Ave
San Diego CA 92131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Raiobh Brandifino
9775 Businesspark Ave
San Diego CA 92131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DECLARATION PHONE #

R. Brandifino, CFO 4/15/02 858-547-5700

CR2E034B (12/01)