2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

F0000003692 DOCUMENT

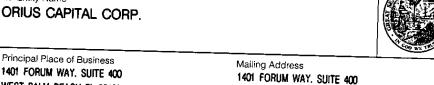


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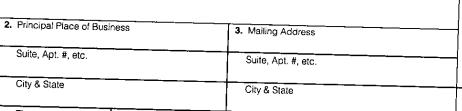
Jan 14, 2003 8:00 am Secretary of State

FILED

1. Entity Name ORIUS CAPITAL CORP. Principal Place of Business



WEST PALM BEACH FL 33401



☐ CHECK HERE IF MAKING CHANGES

DATE

4. FEI Number Applied For 65-1003658 Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

SIGNATURE

WEST PALM BEACH FL 33401

Street Address (P.O. Box Number is Not Accept	iable)

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. I am familiar with, and accept

City

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be

Zip Code

Make Check Payable to Florida Department of State П Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE FROETSCHER, ROBERT C ☐ Addition NAME STREET ADDRESS 1401 FORUM WAY #400 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE : AVP ☐ Delete TITLE Change NAME ☐ Addition KOBS, MARTIN J NAME STREET ADDRESS 1401 FORUM WAY #400 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE Delete TITLE NAME Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: