

8/7/

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 06, 2001 8:00 am
Secretary of State

08-07-2001 90011 027 ***550.00

DOCUMENT # F000000037011. Entity Name
EGOVNET INC.Principal Place of Business
**3948 TOWNSFAIR WAY, SUITE 200
COLUMBUS OH 43219**Mailing Address
**3948 TOWNSFAIR WAY, SUITE 200
COLUMBUS OH 43219**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1675822

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T 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 \$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. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PTD
BARTLETT, TIMOTHY R
3948 TOWNSFAIR WAY, SUITE 200
COLUMBUS OH 43219**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D☒ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**GD
GALLEGOS, EARL
3948 TOWNSFAIR WAY, SUITE 200
COLUMBUS OH 43219**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DC☒ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
MEREDITH, IAN
3948 TOWNSFAIR WAY, SUITE 200
COLUMBUS OH 43219**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
FABIANI, JAMES
3948 TOWNSFAIR WAY, SUITE 200
COLUMBUS OH 43219**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
GORDON, AL
3948 TOWNSFAIR WAY, SUITE 200
COLUMBUS OH 43219**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DP
Cornell, David M.
3948 TownsFair Way
Columbus Ohio 43219**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☒ Addition

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

SIGNATURE OF SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Secretary**
of the Board

Date

Daytime Phone #

8/3/01

(614) 509-4868

CR2ED34 (5/01)