FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am Secretary of State DOCUMENT # F00000004107 1. Entity Name 02-07-2002 90187 045 ***150.00 REAL TIME INTEGRATION, INC. Principal Place of Business Mailing Address 1819 S. RIVERVIEW DRIVE 1819 S. RIVERVIEW DRIVE SUITE 101 SUITE 101 MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address SAME AS AME AS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3641867 Not Applicable Zip Zip Country 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 HAHLE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2220 FRONT STREET, # 401 MELBOURNE FL 32901 City 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME HAHLE, MICHAEL NAME STREET ADDRESS 2220 FRONT STREET, # 401 STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP ☐ Delete TITLE SD ☐ Change Addition | NAME SUGGS, JAMES L NAME STREET ADDRESS STREET ADDRESS 915 BROOKSHIRE CR. CITY-ST-ZIP CITY-ST-ZIP MALOBAR FL 32901 ☐ Delete D TITLE ☐ Change ☐ Addition NAME DESANCTIS. DONALD NAME STREET ADDRESS STREET ADDRESS 13000 PIERCE STREET CITY-ST-ZIP CITY-ST-7IP PACOIMA CA 91331 TITLE D ☐ Delete TITLE Change ☐ Addition ADAMS, MARY NAME STREET ADDRESS 13000 PIERCE STREET STREET ADDRESS CITY-ST-ZIF CITY-ST-7JP PACOIMA CA 91331 TITLE ☐ Delete TITLE ☐ Change Addition MARKE JACKSON, ROBERT STREET ADDRESS **799 SE BALLON TERRACE** STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32909 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME EIDEMILLER, PATRICK NAME STREET ADDRESS 13000 PIERCE STREET STREET ADDRESS CITY-ST-7IP PACOIMA FL 32901 CITY-ST-ZIP 13. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or truste changed, or on an attachment with an ad-

Date

Daytime Phone #

ress, with all other like empowered.

SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

xuae required