FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 17, 2001 8:00 am Secretary of State **DOCUMENT # F00000005711** 05-17-2001 91306 044 ***550.00 THE MOBILE SOLUTION CORPORATION Principal Place of Business Mailing Address 843 HOTEL CIRCLE SOUTH 1843 HOTEL CIRCLE SOUTH STE 350 STE 350 SAN DIEGO CA 92108 SAN DIEGO CA 92108 2. Principal Place of Business 3. Mailing Address 1660 HOTEL CIRCLE same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 205 City & State City & State 4. FEI Number Applied For 33-0849381 san diego Not Applicable 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) _1201_HAYS STREET_ TALLAHASSEE FL 32301-2525 Zip Code City 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, typed or printed name of registered agent and title if applicable. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PCD TITLE ☐ Change TITLE ☐ Delete MCEVOY, JOHN NAME NAME 1660 Fintel Circle N Ste 205 STREET ADDRESS 1843 HOTEL CIRCLE SOUTH, STE 350 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAN DIEGO CA ☐ Change ☐ Addition ☐ Delete TITLE TITLE HUNTER, BRAD NAME NAME circle N Ste 205 1843 HOTEL CIRCLE SOUTH, STE 350 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN DIEGO CA CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete DEHAAN, KEVIN NAME NAME Motel Circle V Ste 205 1660 1843 HOTEL CIRCLE SOUTH, STE 350 STREET ADDRESS STREET ADDRESS CITY_ST=ZIP SAN DIEGO CA-CHTY-ST-7/P Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Kevin Dehaun