

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91306 044 ***550.00

DOCUMENT # F00000005711

1. Entity Name
THE MOBILE SOLUTION CORPORATION

Principal Place of Business 1843 HOTEL CIRCLE SOUTH STE 350 SAN DIEGO CA 92108	Mailing Address 1843 HOTEL CIRCLE SOUTH STE 350 SAN DIEGO CA 92108
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1660 HOTEL CIRCLE	3. Mailing Address same
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Suite, Apt. #, etc. 205	Suite, Apt. #, etc.
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City & State SAN DIEGO CA.	City & State	4. FEI Number 33-0849381	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 92108	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			7. Name and Address of New Registered Agent		
			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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MCEVOY, JOHN 1843 HOTEL CIRCLE SOUTH, STE 350 SAN DIEGO CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1660 Hotel Circle N Ste 205 San Diego, CA 92108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTER, BRAD 1843 HOTEL CIRCLE SOUTH, STE 350 SAN DIEGO CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1660 Hotel Circle N Ste 205 San Diego, CA 92108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEHAAN, KEVIN 1843 HOTEL CIRCLE SOUTH, STE 350 SAN DIEGO CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1660 Hotel Circle N Ste 205 San Diego, CA 92108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Kevin Dehaan** **5/8/01** **(619) 297-1288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)