FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State DOCUMENT # F00000006661 1. Entity Name 02-20-2002 90008 042 ***150 00 ECONOMIC TECHNOLOGY SOLUTIONS, INC. Mailing Address Principal Place of Business 2021 RICHARD JONES ROAD 6900 COLLEGE BLVD., SUITE 1 R0028010 NASHVILLE TN 37215 OVERLAND PARK KA 66122 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 62-1832295 Not Applicable 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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) FILE NOW!!! FEE (\$ \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME SOLON, WILLIAM T STREET ADDRESS STREET ADDRESS 6900 COLLEGE BLVD., SUITE 1 CITY-ST-ZIP CITY-ST-ZIP OVERLAND PARK KS 66211 ☐ Addition Delete ☐ Change TITLE TITLE PLODZIEN, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 6900 COLLEGE BLVD., SUITE 1 CITY-ST-7IP CITY-ST-ZIP **OVERLAND PARK KS 66211** Addition Change ☐ Delete TITLE TITLE James F. Williams 6700 College Bird., Ste 1 NAME NAME STREET ADDRESS STREET ADDRESS Oucland Park, KS 66211 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete DTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is 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 ruinnal other like arms owers.

1/28/02

913-663-4400

Daytime Phone #