2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000000790

Entity Name: JANA, INC.

FILED Sep 05, 2002 Secretary of State

Littly Na	IIIC. JANA, IIV	С.			
Current P	rincipal Place	e of Business:	New Principal Pla	New Principal Place of Business:	
P.O. DRAWER 2309 UNIVERSAL, TX 781471309				9600 DATAPOINT DR. SAN ANTONIO, TX 78229	
Current M	lailing Addres	ss:	New Mailing Add	New Mailing Address:	
P.O. DRAWER 2309 UNIVERSAL, TX 781471309				9600 DATAPOINT DR. SAN ANTONIO, TX 78229	
FEI Number	: 74-1768380	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
	CHRIS TH FLAGLER [LM BEACH, F			JORCZAK, MARIE 8108 SW 103 AVE MIAMI, FL 33173 US	
	named entity e of Florida.	submits this statement for the	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATUI	RE: MARIE J	ORCZAK		09/05/2002	
	Electro	nic Signature of Registered Ag	ent	Date	
•	_	o satisfy its Intangible Tax filing red g Trust Fund Contribution().	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (NILAND, EDW/ 9600 DATAPO SAN ANTONIO	NT DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD (MARSHALL, M 9600 DATAPO SAN ANTONIO	NT DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (NILAND, EDW/ 9600 DATAPO SAN ANTONIO	NT DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD A NILAND PD 09/05/2002