## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 27, 2002 8:00 am Secretary of State DOCUMENT # F01000000947 1. Entity Name 05-27-2002 90460 033 \*\*\*150 00 NAUTILUS HUMAN PERFORMANCE SYSTEMS INC. Principal Place of Business Mailing Address 709 POWERHOUSE RD PO-BOX-700 ... INDEPENDENCE VA 24348 INDEPENDENCE VA 24348 2. Principal Place of Business 3. Mailing Address 1400 NE 136TH AVE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 54-1921549 Not Applicable Zip \$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 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME TEATUM, DAVID C STREET ADDRESS STREET ADDRESS 709 POWERHOUSE ROAD CITY-ST-ZIP INDEPENDENCE VA CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition VCD NAME NAME COOK, BRIAN R STREET ADDRESS STREET ADDRESS 1400 NE 136TH AVE. CITY-ST-ZIP CITY-ST-ZIP VANCOUVER WA - ☐-Delete == ST NAME NAME RICE, ROD W STREET ADDRESS STREET ADDRESS 1400 NE 136TH AVE. CITY-ST-ZIP CITY-ST-ZIP VANCOUVER WA ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME POTTER, RANDAL R STREET ADDRESS STREET ADDRESS 1400 NE 136TH AVE. CITY-ST-ZIP CITY-ST-ZIP VANCOUVER WA TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

ND TYPES ON PRINTED NAME OF SIGMING OFFICER OR DIRECTOR

4/29/02

360-992-8920

Daytime Phone #

**FILED**