FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 18, 2002 8:00 am Secretary of State F01000000955 DOCUMENT # 1. Entity Name 09-18-2002 90049 025 ***550.00 GRAY INFORMATION SOLUTIONS, INC. Principal Place of Business Mailing Address P.O. BOX 5191 6222 GOLF CLUB RD HOWELL MI 48843 SPRING HILL FL 34611 2. Principal Place of Business 3. Mailing Address 2812 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLEY, BARBARA D Street Box Number is Not Acceptable) 8394 RUBY JAY CT DROWADO **WEEKI WACHEE FL 34613** 8. The above named entity subits this statemen or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registers SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 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. CP TITLE ☐ Addition TITLE Delete Change GRAY, GARY G NAME NAME STREET ADDRESS 6222 GOLF CLUB RD STREET ADDRESS HOWELL MI 48843 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eport 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 true ee 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 a address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-7/P

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

7-12-02

72 684 6645 Daytime Phone #

☐ Change

Addition