## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F01000001814

Title:

Name:

Address:

City-St-Zip:

FILED Jan 26, 2002 8:00 AM Secretary of State

Entity Name: LEADERSHIP IN INTERNATIONAL MANAGEMENT LTD, CORPORATION

**Current Principal Place of Business: New Principal Place of Business:** 1743 LINVALE HARB ROAD LAMBERTVILLE, NJ 08530 **Current Mailing Address: New Mailing Address:** 1743 LINVALE HARB ROAD 503 VICTORIA WAY LAMBERTVILLE, NJ 08530 FRIENDSWOOD, TX 775464959 US FEI Number: 13-3707083 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: TURNER, JOSEPH E TURNER, JOSEPH E 21205 YACHT CLUB DR., STE 708 21205 YATCH CLUB DR., STE 708 ADVENTURA, FL 33180 AVENTURA, FL 33180 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: 01/26/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition PEARSON, ANTHONY PEARSON, ANTHONY G Name: Name: 1743 LINVALE HARB ROAD 1743 LINVALE HARB ROAD Address: Address: City-St-Zip: LAMBERTVILLE, NJ City-St-Zip: LAMBERTVILLE, NJ 08530 US PCD Title: (X) Change ( ) Addition Title: () Delete Name: TURNER, JOSEPH E Name: TURNER, JOSEPH E 21205 YATCH CLUB DR., STE 708 21205 YACHT CLUB DR., STE 708 Address: Address: ADVENTURA, FL AVENTURA, FL 33180 US City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition ( ) Delete S/D RIMANOCZY, ISABEL Name: Name: 21205 YACHT CLUB DR., STE 708 Address Address: City-St-Zip: City-St-Zip: AVENTURA, FL 33180 US

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.

Title:

Name:

Address:

City-St-Zip:

T/D

ANDERSON, WILLIE C

FRIENDSWOOD, TX 77546 US

503 VICTORIA WAY

( ) Change (X) Addition

SIGNATURE: WILLIE C. ANDERSON T/D 01/26/2002

() Delete