## FOR PROFIT CORPORATION

## FILED Jun 03, 2002 8:00 am Secretary of State

ORIT ORIN BOSINE	33 NEPUNI	(UDN)	06.02.0	2002 01 201 002 *** 550 00	`
DOCUMENT #  1. Entity Name Sequoia Voting Systems, Inc			06-03-2	2002 91201 003 ***550.00	,
DO NOT WRITE IN THIS SPACE					
			B0124248		
2. Principal Place of Business 8182 Maryland Ave 8182 Maryland Ave					
Suite, Apt. #, etc. AHn: Tax Dept AHn: Tax Dept AHn: Tax Dept		, .	DO NOT WRITE IN THIS SPACE		
St. Louis MO	City & State 5+ Louis	mo	4. FEI Number 37 - 12746	Applied For Not Applicable	
20 Country USA	Zip 63105	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
- many and a second	-	Name	7: Name and Address of Current F	- 1	= -
DO NOT WRITE IN THIS SPACE		Street Address	Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd		
		city Plan	city Plantation FL 33324		
8. The above named entity submits this statement for	the purpose of changing its re			ida.	1
SIGNATURE Signature, typed or printed name of registered agent an	vet tile if applicable. (AIOTT)				
•		Registered Agent signature require y 1 Fee is \$150.00	d when reinstaling)	DATE	4
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After May 1, Amended Make Check Payable	, Fee is \$550.00 UBR is \$61.25 e to Department of Sta	10. Election Campaign Fina Trust Fund Contribution.	- <b>40.00</b> Way be	
11. OFFICERS AND D	DIRECTORS				╡、
		TITLE NAME		•	CR2E034B (12/01)
STREET ADDRESS 7677 ON VIDOR + ST		STREET ADDRESS	•		B (2)
OTY-ST-ZIP Dakland; CA 94621 CT		CITY-ST-ZIP			_  §
we lot lot 4 HipyTChC		TITLE		,	뮕
record to the control of the control		NAME STREET ADDRESS			0
SITY-ST-ZIP St. Louis MO 63105		CITY-ST-ZIP			1
1106		TIFLE			1
		-NAME -		الهامينسي الأدار البياسانيان والمالي	-
STREET ADDRESS 150 N. Michigan AVE.		STREET ADDRESS	DO NOT V	NRITE	
TIV-ST-ZIP Chicago, IL 606	001	CITY-ST-ZIP	<del></del>		4
IAME		TITLE NAME	IN THIS S	PACE	
TREET ADDRESS		STREET ADDRESS			
TTY-ST-ZIP		CITY-ST-ZIP			
ITLE		TITLE		-	1
AME Treet Address		NAME STREET ADDRESS			
ITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP			
ITLE	·	TITLE	<u> </u>		1
AME		NAME			
TTV CT 715		STREET ADORESS			1
ITY-ST-ZIP	1 (1)	CITY-ST-ZIP			1
<ol><li>I hereby certify that the information supplied with the indicated on this report or supplemental report is treed the corporation of the receiver or trustee emporents.</li></ol>	ns filing does not qualify for the ue and accurate and that my sered to execute this report a	e exemption stated in Se signature shall have the s is reg <del>uire</del> d by Chapter 6i	iction 119.07(3)(i), Florida Statutes, I fu same legal effect as if made under oa 07, Florida Statutes; and that my nami	urther certify that the information th; that I am an officer or director e appears in Block 11 or on an	