

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAR 24 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400016975524

04/24/03--01083--015 **150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # F01000004326
1. Entity Name Computer Network Integrators Corporation

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business Suite, Apt. #, etc. 394 ELM STREET City & State MILFORD NH Zip 03055	3. Mailing Address Suite, Apt. #, etc. 394 ELM STREET City & State MILFORD, NH Zip 03055
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4. FEI Number 02-0441901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD	
City PLANTATION	FL Zip Code 33324

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. I am familiar with, and accept the obligations of registered agent.

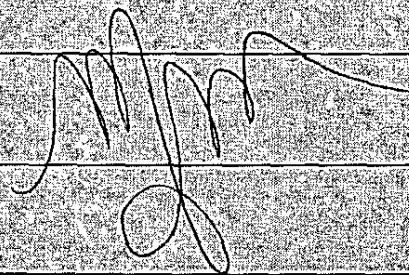
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

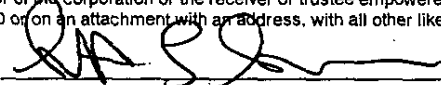
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JON DICKINSON 12 CHESTERFIELD PLACE BEDFORD, NH 03110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SCOTT SNOW 50 OLD TEMPLE ROAD LYNDEBORO, NH 03082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBERT R. HOWARD III 10 MAIN STREET HENNIKER, NH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MICHAEL GOLD 19545 SATURNIA LAKES DR BOCA RATON, FL 33498
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12. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/15/03 603 673 6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #