

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

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90059 035 \*\*\*150.00

DOCUMENT # **F01000004614**  
1. Entity Name **Albion Management Resources, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>9420 W. Foster Ave.</b>		3. Mailing Address <b>9420 W. Foster Avenue</b>	
Suite, Apt. #, etc. <b>213</b>		Suite, Apt. #, etc. <b>213</b>	
City & State <b>Chicago IL</b>		City & State <b>Chicago IL</b>	
Zip <b>60656</b>	Country <b>U.S.</b>	Zip <b>60656</b>	Country <b>U.S.</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>11-3337566</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>Peter Santangelo</b>		
	Street Address (P.O. Box Number is Not Acceptable) <b>2520 NW 97 Ave Suite 110</b>		
	City <b>miami</b>	FL	Zip Code <b>33172</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Peter Santangelo 2520 NW 97 Ave Suite 110 miami FL 33172</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President, Secretary &amp; Treasurer Andrew Titley 265 E. merrick Rd Suite 209 Valley Stream NY 11580</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **P. Santangelo** **4-25-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)