2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

WEST CHESTER OH 45069

F01000005901 **DOCUMENT #**

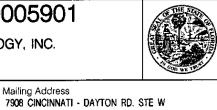
1. Entity Name

Principal Place of Business

WEST CHESTER OH 45069

7908 CINCINNATI - DAYTON RD. STE W

ALTERNATIVE COMPUTER TECHNOLOGY, INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90085 023 ***150.00

44160044

2. Principal Place of Business		3. Mailing Address		[[[[[[[[[[[[[[[[[[[[IIS DESSI DDILI GOLD		8 8 8 58
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 31-1578439	FEI Number 31-1578439		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired		3.75 Add	litional
	6. Name and Address of Current I	Registered Agent	·	7. Name and Address of New F	legistered Ag	ent	
			Name	_Name			
CARABOTTA, RAY 3466 NORTH MIAMI AVE. MIAMI FL 33127			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code	3
the obligat	named entity submits this statement for ions of registered agent. Sign/fure, typed or printed name of legistered agent a liLE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	<u></u>	e registered office or rec	9. Election Campaign Fir	-3-0 3 DATE	\$5.0	0 May Be
Make Check	Payable to Florida Department of			Trust Fund Contributio			to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFF		_	
NITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Farrell, Thomas P 7908 Cincinnati - Dayton RD, West Chester Oh	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		L	_] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GENSHEIMER, KENNETH 7908 CINCINNATI - DAYTON RD, WEST CHESTER OH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	[_ Change	☐ Addition
TITLE NAME Street Address City-St-Zip	SD Greer, Karen A 7908 Cincinnati - Dayton RD, West Chester Oh	STE W	NAME STREET ADDRESS CITY-ST-ZIP	e i i i i i i i i i i i i i i i i i i i	С	_ Change	Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		С	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

12. Thereby 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ≤

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR