

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000006455

FILED
Apr 19, 2002 8:00 AM
Secretary of State

Entity Name: GOVERNMENT SOLUTIONS, INC.

Current Principal Place of Business:

112 STRAWBERRY HILL AVE., STE F
STAMFORD, CT 06902

New Principal Place of Business:

112 STRAWBERRY HILL AVE., STE G
STAMFORD, CT 06902

Current Mailing Address:

112 STRAWBERRY HILL AVE., STE F
STAMFORD, CT 06902

New Mailing Address:

112 STRAWBERRY HILL AVE., STE G
STAMFORD, CT 06902

FEI Number: 06-1568266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIS, JULIE
23515 DAWN AVE.
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

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:

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:

Title: PCD () Delete
Name: WEEKES, ALEX P
Address: 112 STRAWBERRY HILL AVE, STE G
City-St-Zip: STAMFORD, CT

Title: V () Delete
Name: LOMARTO, MARK
Address: 249 NORSUM DR.
City-St-Zip: LONGHORN, PA

Title: T () Delete
Name: WEEKES SR, ALEX P
Address: RT 3 TWIN
City-St-Zip: MT, NH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ALEX P. WEEKES

PRES

04/19/2002

Electronic Signature of Signing Officer or Director

Date