## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

F02000000502

Mailing Address

25361 COMMERCENTRE DRIVE, SUITE 250

1. Entity Name VIAPOINTE, INC.

Principal Place of Business

25361 COMMERCENTRE DRIVE. SUITE 250



## **FILED** Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90177 016 \*\*\*150.00

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LAKE FOREST	CA 92630-88	58	LAKE	LAKE FOREST CA 92630-8858									
2. Principal P	lace of Busin	3. Maili	3. Mailing Address				,			HACAL BEKAN ANNI AN	HII III III		
17666 F	TTCH	176	666 FITCH										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☑ CHECK HERE IF MAKING CHANGES					
								24-7					
City & State		1 .	City & State				4. FEI 1	Number 33-0942814		<b>⊢</b>	plied For		
IRVINE, CA				IRVINE, CA								t Applicable	
Zip 92614-6	·					•	5. Certificate of Status Desired   \$8.75 Additional Fee Required						
92014-0		and Address of Curren			UDA	7. Name and Address of New Registered Agent							
t tame and Address of Out tell (10g/stelled Agent							Name						
NRAI SERVICES, INC.													
	PARK AVE	NUE				Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE FL 32301													
						City	City FL Zip Code						
	named entity		for the purpo	ose of changing its r	egistere	d office or	registered	l agent,	or both, in the State of Flo	orida. I am	familiar with,	and accept	
•	ŭ	· ·											
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if appli	içable. (NOTE:	Registered	Agent signat	ure required wh	nen reinstat	tin <b>g)</b>	DATE		<del></del>	
	I E NOWII	FEE IS \$150.00											
		3 Fee will be \$550.00	.						<ol><li>Election Campaign Fir</li></ol>			<b>0</b> May Be	
		Florida Department							Trust Fund Contributio	n. L	ل Added	to Fees	
10.		OFFICERS ANI	DIRECTOR		11.			ADDIT	IONS/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	PD	en 19		X Delete	TITLE						☐ Change	Addition	
NAME	HURST, GI	REG			NAME						_ •	_	
STREET ADDRESS		MMERCENTRE DRIVE,	SUITE 25	0	STREE	T ADDRESS							
CITY-ST-ZIP	LAKE FOR	EST CA 92630-8858			CITY-	ST-ZIP				•			
TITLE	٧			Delete	TITLE		AS				☐ Change	X Addition	
NAME	BROWN, J.				NAME		1		IOANNE				
STREET ADDRESS						T ADDRESS	17666						
CITY-ST-ZIP		EST CA 92630-8858			CITY-	ST-ZIP		IE,CA	92614				
TITLE	S	_		Delete	TITLE		AS				Change	🔼 Addition	
NAME		RICHARD A			NAME				KATHERINE				
	17666 FITO					T ADDRESS	17666						
CITY-ST-ZIP		92614-6022		<del></del>	CITY-	ST-ZiP	IRVIN	E, C	CA 92614				
TITLE	D	TI		Delete	TITLE		D				Change	Addition	
NAME		TH, SAMUEL C			NAME		BELL,						
STREET ADDRESS CITY-ST-ZIP	17666 FITO	л 92614-6022				T ADDRESS	17666					İ	
		92014-0022			1	\$T-ZIP	TKATK	VE, (	CA 92614	<del> </del>			
TITLE	D VIIVENIDA	II DAMD!		☐ Delete	TITLE		P		T DATE:		☐ Change	X Addition	
NAME STREET ANDRESS		ALL, DAVID L			NAME				L, DAVID L.				
					T ADDRESS ST-ZIP	17666							
	HITHE OA	JEU IT TULL			1-			<u>в, С</u>	A 92614-6022				
TITLE NAME				☐ Delete	TITLE NAME		VD NANCY		TRITIO		Change	X Addition	
STREET ADDRESS						T ADDRESS			TRILLO				
					•	ST-ZIP	17666		CA 92614-6022				
							TVATN.	با وندا	M 74014-0046			!	

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

SIGNATURE: David G. Nkuykenda 11, Refesident

2-21-03 949-253-2300