2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 03, 2005 08:00 AM DOCUMENT # F04000002437 **Secretary of State** 1. Entity Name RESEARCH ASSOCIATES INTERNATIONAL, INC. Principal Place of Business Mailing Address 1325 NORTH BARCELONA STREET 1325 NORTH BARCELONA STREET PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 54-1147597 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHACKLEY, HAZEL 1325 NORTH BARCELONA STREET Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 City Zip Code 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. DATE (NOTE: Registered Agent signature required when re-instating) Signature, typod or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. MILE Change ☐ Addition PTCD Delete HHE U00000213660 SHACKLEY, HAZEL NAME NAME 02/03/05-80080-004 155.00 1325 NOROTH BARCELONA STREET STREET ADDRESS STREET ADDRESS PENSACOLA FL 32501 CHY-ST-ZIP CITY SI-ZIP Change Addition Delete MLE NAME SHACKLEY, SUZÁNNE KAME STREET ADDRESS STREET ADDRESS 1407 NORTH BAYLEN STREET CITY ST ZIP PENSACOLA FL 32501 CuiY-S1-ZIP Addition Change Delete MILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Change ☐ Addition uue THILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CULY-ST ZLP CITY - \$1 - 71P ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change Addition ☐ Delete THTLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST. ZIP CITY-ST-7(P I hereby certify that the information supplied with this filling 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 suppliemental 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 is

DIRECTOR

FILED