

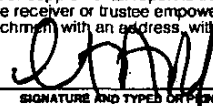


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90053 022 ***150.00

DOCUMENT # F04000006863 1. Entity Name STRATIS BUSINESS CENTERS, INC.					
Principal Place of Business 263 TRASSER BLVD 9TH FL STAMFORD, CT 06901			Mailing Address 263 TRASSER BLVD 9TH FL STAMFORD, CT 06901		
2. Principal Place of Business 15305 Dallas Parkway Suite, Apt. #, etc. Suite 1400 City & State Addison, TX Zip 75001		3. Mailing Address 12600 Deerfield Parkway Suite, Apt. #, etc. Suite 100 City & State Alpharetta, GA Zip 30001		<div style="float: right; font-weight: bold; font-size: 1.2em;">50005779</div> 	
Country USA		Country USA		4. FEI Number 58-2351368	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIXON, MARK 15305 DALLAS PKWY ADDISON, TX 75001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOBO, RUDOLF 3000 HILLSWOOD DRIVE CHERTSEY UK KT160RS,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTMAN, GUILLERMO 1560 SAWGRASS CORPORATE PKWY SUNRISE, FL- 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Curt DeGreff 15305 Dallas Pkwy, Suite 1400 Addison, TX 75001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Curt DeGreff, CFO		954-331-4583	