

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F32361

FILED
Feb 10, 2002 8:00 AM
Secretary of State

Entity Name: MANAGEMENT ANALYSTS, INC.

Current Principal Place of Business:

43 SANDCASTLE DRIVE
PO BOX 2887
ORMOND BEACH, FL 32175

New Principal Place of Business:

Current Mailing Address:

43 SANDCASTLE DRIVE
PO BOX 2887
ORMOND BEACH, FL 32175

New Mailing Address:

FEI Number: 59-2092506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNBAD, CARL E
43 SANDCASTLE DR
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

THORNBAD, CARL E PRES.
43 SANDCASTLE DR
ORMOND BEACH, FL 32176 US

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: CARL E THORNBAD

02/10/2002

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: DP () Delete
Name: THORNBAD, CARL E,
Address: 43 SANDCASTLE DR.
City-St-Zip: ORMOND BCH, FL 00000,

Title: DST () Delete
Name: THORNBAD, ARDEEN P,
Address: 43 SANDCASTLE DR.
City-St-Zip: ORMOND BCH, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: THORNBAD, CARL E PRES.
Address: 43 SANDCASTLE DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: DST (X) Change () Addition
Name: THORNBAD, ARDEEN P SEC-TRE
Address: 43 SANDCASTLE DR.
City-St-Zip: ORMOND BEACH, FL 32176

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: CARL E THORNBAD

PRES

02/10/2002

Electronic Signature of Signing Officer or Director

Date