FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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| | min Olim Booling | | (0=::) | | | | 1.0 | |
|--|--|--------------------------------------|-------------------------------|---|--|-------------------------------|----------------------|--|
| • | MENT # F940000 | 03466 , | | Tan I | | | | |
| 1. Entity Name | | | | | D to finding element acts. | | | |
| PRODUCTIVITY SOLUTIONS, INC. | | | | | 03 JUN 10 AM 9: 11 | | | |
| | | | | | SECRETARY OF STATE | | | |
| DO NOT WRITE IN THIS SPACE | | | | | SECRETARY OF STATE (ALLAHASSEE, FLORIDA | | | |
| | DO NOT WRITE | | ., ., | | | | | |
| 2. Principal P | Qu. Al- | | | | | | | |
| Suite Apt. #, etc. Park Blvd. 10550 Decreased Suite Apt. #, etc. | | | Peak Diva | | DO NOT WRITE | IN THIS CO | ACC | |
| Suite 509 Suite 509 | | | | SO NOT WITE IN WIS GIVE | | | | |
| City & State City & State City & State City & State Jacksonville, FL Jacksonville, FL | | | | I. FEI Number 59- 3249つ25 | | Applied For Not Applicable | | |
| | | Zio | Country | | | \$ | 8.75 Additional | |
| Zip 3 2 2.5 | 56 USA | 32256 | USA | | Certificate of Status Desired | Fe | e Required | |
| | | | Name | 7. | Name and Address of Current R | egistered A | gent | |
| | DO NOT W | DITE | [| Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street | | | | |
| | DO NOT W | KHE | Street Add | | | | | |
| | IN THIS SP | ACE | | | | | | |
| | | | <u> </u> | | | | , | |
| | | | City | Talla | hasse | FL | Zip Code 32301 | |
| 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. | | | | | | | | |
| the obligat | nons of registered agent, | | | | | | | |
| SIGNATURE . | | | | | 000020 | | rru | |
| Jai | Signalure, typerfor printed name of registered agent a nuary 1 - May 1 Fee Is \$150.00 | nd IIIo (applicable. (NOTE: Re | egistered Agent signature | required who | on (einstaking) | DATE | | |
| | After May 1, Fee is \$550.00 | | | | 9. Election Campaign Finar | | \$5.00 May Be | |
| Make Check | Amended UBR is \$61.25 Payable to Florida Department of | State | | | Trust Fund Contribution. | | Added to Fees | |
| 10. | OFFICERS AND I | | | | | | | |
| TITLE | CEOID | | TITLE | | | | | |
| NAME | Bruce F. Failing Jr. | 41 . 61.6.6 | NAME | | | | | |
| STREET ADDRESS City-St-Zip | 10550 Deerwood Park Jacksonville FL 321 | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | 9 | | TITLE | | | | | |
| NAME | Michael Persky | _ | NAME | | | | İ | |
| STREET ADDRESS | ETADORESS 10550 Decrowed Park Blue. Suite 509 ST | | STREET ADDRESS | | | | | |
| | | CITY-ST-ZIP | | | | | | |
| TITLE NAME | VICTO Rick Attalker | | TITLE | | x | | | |
| STREET ADDRESS | Rick Affolder 10550 Deerwood Porte | _ Blud., Suite 509 | NAME Street address | | DO NOT | | | |
| CITY-ST-ZIP | Jacksonville, EL 3 | 32256 | CITY-ST-ZIP | | DO NOT V | NKH | E | |
| TITLE | Y | | TITLE | 4. | IN THIS S | DAC | | |
| NAME | Norman Tsang 10550 Deerwood Pai | 1. RIVA SUITE 509 | NAME | | 114 11110 0 | FAC | - | |
| STREET ADDRESS CITY-ST-ZIP | 10550 Veerwood For | 22041 | STREET ADDRESS CITY-ST-ZIP | | Λ | - N | | |
| TITLE | Jucksonville, FL | 3 1 6 3 6 | TITLE | | /N-// | | \ | |
| NAME | Minhout 17 La. | | NAME | | / 11/// | N X | | |
| STREET ADDRESS 10.550 Decrowed Purk Blod., Sik 509 | | STREET ADDRESS | | / 1/// | /\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| CITY-ST-ZIP | Jacksonville, F2 32 | 256 | CITY-ST-ZIP | | | * | | |
| TITLE | Poster Deader | | TITLE | | | | | |
| 1 2 5 V. d. 610d 5.512.501 | | NAME STREET ADDRESS | | ~ 1 | | | | |
| | | CITY-ST-ZIP | | , | | | | |
| 12. I hereby o | certify that the information supplied with | this filing does not qualify for the | e exemption stated | d in Section | on 119.07(3)(i), Florida Statutes, I h | urther certify | that the information | |
| indicated on this report or supergmental 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 on an attachment with an address with all first like empowered. | | | | | | | | |
| attachme | ni with an address with all the inke em | powerea. | | | | | ļ | |

Rick Affaler

AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

SIGNATURE:

6/6/03 Date 904-641-2595 Drivlume Phone #

Attachment to:

Continuation of Box 10:

| Title | D |
|-------------------|--------------------------|
| Name | Thomas W. Wilson Jr. |
| Street Address | 14 Sea Spray |
| City, State - Zip | Westport, CT 06880 |
| Title | D |
| Name | Robert Cioffi |
| Street Address | 120 Long Ridge Road |
| City, State - Zip | Stamford, CT 06927 |
| Title | D |
| Name | Harry T. Rein |
| Street Address | 105 Rowayton Avenue |
| City, State - Zip | Rowayton, CT 06853 |
| Title | D |
| Name | Charles M. Young |
| Street Address | 708 Arnold Drive |
| City, State - Zip | Franklin Lakes, NJ 07417 |



Please give original submission date as file date.

ACCOUNT NO. :

072100000032

REFERENCE :

124225

4305340

AUTHORIZATION'

COST LIMIT

ORDER DATE: June 10, 2003

ORDER TIME :

2:47 PM

ORDER NO. : 124225-005

CUSTOMER NO: 4305340

CUSTOMER: Lisa Miller, Esq.

Mccarter & English

P.o. Box 65

Newark, NJ 07101-0652

ANNUAL REPORT FILING

NAME: PRODUCTIVITY SOLUTIONS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

_ PLAIN STAMPED COPY

XX____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1147

EXAMINER'S INITIALS: