8/1/01-90202-015-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001979

1. Entity Name
CISA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP -5 PM 5:40

C0074736

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5805 BLUE LAGOON DRIVE. SUITE 110 MIAMI FL 33126	5805 BLUE LAGOON DRIVE. SUITE 110 MIAMI FL 33126

2. Principal Place of Business	3. Mailing Address
300 Eagle Road	PO Box 71077
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Goose Creek SC	City & State: Charleston SC
Zip: 29445 Country: US	Zip: 29415 Country: US

4. FEI Number 52-1656382 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Corporation Service Company 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S ☒ Delete NAME RODRIGUEZ, MARCELO STREET ADDRESS 5805 BLUE LAGOON DRIVE, SUITE 110 CITY-ST-ZIP MIAMI FL 33126		TITLE ☐ Change ☐ Addition NAME 400004571594--5 STREET ADDRESS CITY-ST-ZIP	
TITLE PD ☐ Delete NAME UMBS, DANIEL U STREET ADDRESS 5805 BLUE LAGOON DR STE 110 CITY-ST-ZIP MAIMI FL 33126		TITLE ☒ Change ☐ Addition NAME STREET ADDRESS 300 Eagle Road CITY-ST-ZIP Goose Creek SC 29445	
TITLE D ☐ Delete NAME BRIANES, FELIPE STREET ADDRESS 5805 BLUE LAGOON DR STE 110 CITY-ST-ZIP MIAMI FL 33126		TITLE ☒ Change ☐ Addition NAME STREET ADDRESS 300 Eagle Road CITY-ST-ZIP Goose Creek SC 29445	
TITLE TD ☐ Delete NAME MERUANE, JORGE STREET ADDRESS 5805 BLUE LAGOON DRIVE SUITE 110 CITY-ST-ZIP MIAMI FL 33126		TITLE ☒ Change ☐ Addition NAME STREET ADDRESS 300 Eagle Road CITY-ST-ZIP Goose Creek SC 29445	
TITLE VD ☐ Delete NAME FERNANDEZ, DIEGO STREET ADDRESS 5805 BLUE LAGOON DRIVE SUITE 110 CITY-ST-ZIP MIAMI FL 33126		TITLE ☒ Change ☐ Addition NAME STREET ADDRESS 300 Eagle Road CITY-ST-ZIP Goose Creek SC 29445	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☒ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AD

ACCOUNT NO. : 072100000032

REFERENCE : 452551 4307980

AUTHORIZATION : Patricia Pitts

COST LIMIT : $ 408.75

ORDER DATE : August 30, 2001

ORDER TIME : 1:57 PM

ORDER NO. : 452551-060

CUSTOMER NO: 4307980

CUSTOMER: Amita Verma, Legal Asst
Wilmer, Cutler & Pickering
2445 M Street, N.W.

Washington, DC 20037

ANNUAL REPORT FILING

PLEASE NOTE; NEED
TODAY FOR CLOSING

NAME: CISA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young - Ext. 1112

EXAMINER'S INITIALS: _____