

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90016 040 ***150.00

DOCUMENT # F96000000410

1. Entity Name

HIGH TECHNOLOGY SOLUTIONS, INC.

Principal Place of Business

Mailing Address

9665 CHESAPEAKE DRIVE
 STE. 300
 SAN DIEGO CA 92123
 US

9665 CHESAPEAKE DRIVE
 STE. 300
 SAN DIEGO CA 92123-1364
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0431023

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTSD <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMAISA, ALLAN J	NAME	Ernie Bumafay
STREET ADDRESS	9665 CHESAPEAKE DRIVE, STE. 300	STREET ADDRESS	904 Silver Spur Rd. Suite 102
CITY-ST-ZIP	SAN DIEGO CA	CITY-ST-ZIP	Palo Verdes Peninsula, CA. 90276
TITLE	V <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, WILLIAM	NAME	Kenneth Potashner
STREET ADDRESS	9665 CHESAPEAKE DRIVE, STE. 300	STREET ADDRESS	53 Incorporated, 2841 Mission College Blvd.
CITY-ST-ZIP	SAN DIEGO CA	CITY-ST-ZIP	Santa Clara CA. 95054
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAOU, DANIEL	NAME	John S. Moring
STREET ADDRESS	9665 CHESAPEAKE DR STE 300	STREET ADDRESS	1609 N.W. Gregory Drive
CITY-ST-ZIP	SAN DIEGO CA 92123	CITY-ST-ZIP	Vancouver, WA. 98665
TITLE	CFOV <input type="checkbox"/> Delete	TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, SEAN H	NAME	John P. Malfettone, GE Equity
STREET ADDRESS	9665 CHESAPEAKE DRIVE, STE. 300	STREET ADDRESS	120 Long Ridge Road St.
CITY-ST-ZIP	SAN DIEGO CA	CITY-ST-ZIP	Stamford, CT 06927
TITLE	VP <input type="checkbox"/> Delete	TITLE	P; CDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSPETH, ROBERT	NAME	LAWRENCE PRIOR III
STREET ADDRESS	9665 CHESAPEAKE DRIVE, STE. 300	STREET ADDRESS	9665 Chesapeake Drive Ste. 300
CITY-ST-ZIP	SAN DIEGO CA	CITY-ST-ZIP	SAN DIEGO CA 92123
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, TOM	NAME	
STREET ADDRESS	105 PK DR ALPHA MALL	STREET ADDRESS	
CITY-ST-ZIP	WARNER ROOINS GA 31088	CITY-ST-ZIP	

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, and all other like empowered.

SIGNATURE: Sean H. Jordan, 3/25/00 (258) 495-0508
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)