YOM BUSINESS DEBORT (UDI

1001 8.00 am

| 200 | I OIVI | FORIN BUSI | NESS KEPU | KI (| (nRK) | | May 21, 20 | UI | 8: 00 | a |
|---|------------|--|---|------------|----------------|--------------|--|--|-------------------------|----------------|
| DOCUMENT # F96000004703 1. Entity Name | | | | | | | Secretary of State 05-21-2001 90340 007 ***150.00 | | | |
| 1-800- | COLLE | CT, INC. | | | | | | | | |
| Principal Pla | | | Mailing Address | | | | | | | |
| DEPT. | 8408 | TREET NW DC 20036 | | | | | | | | |
| US | 01011 | DG 20030 | | | | | | | | |
| 2. Principal F | | CENTER DR. | 3. Mailing Address | | | | 845066 | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | | City & State | | | 4. F | El Number | \top | Applied For | 1 |
| CLINTO | N | MS | | | | 5 | 2-1994541 | | Not Applicable | .] |
| Zip 39056 | | Country US Country 5. Certificate of Status | | | | | | Desired \$8.75 Additional Fee Required | | |
| | 6. Name a | and Address of Current I | Registered Agent | | Name | 7. Na | ame and Address of New Registered A | jent | | 1 |
| | | | | | Name | | | | | |
| PRENTI | CE-HA | LL CORPORAT | ION SYSTEM, | INC | Street Add | lress (P.O. | Box Number is Not Acceptable) | | | 1 |
| 1201 HZ | | | • | | | | - | | | ┨ |
| TALLAH | ASSEE | FL 32 | 301 | | | | | | | |
| | | • | | | City | | FL | Zip C | ode | |
| 8. The above | | ity submits this statement | for the purpose of changing | j its regi | istered office | or register | ed agent, or both, in the State of Florida. | | | |
| DIONATORE | | ped or printed name of registe | ered agent and title if applicable |). (| NOTE: Regist | red Agent si | gnature required when reinstating) DATI | Ē | | |
| | equirement | gible to satisfy its Intangible and elects to do so. | FILE NOW! After MAY 1, 200 Make Check Payab |)1 Fee | will be \$55 | 0.00 | Election Campaign Financing Trust Fund Contribution. | | 00 May Be ed to Fees | 6 |
| 11. | | OFFICERS AND D | IRECTORS | 12. | | ADDIT | IONS/CHANGES TO OFFICERS AND DI | RECTO | RS IN 11 | R2E034 (11/00) |
| TITLE | PD | | Delete | TITLE |] | | | Change | e Addition | 4 |
| NAME STREET ADORESS | | RS, BERNARD CLINTON CENT | מעדמת משת | NAME | | | | | | 8 |
| CITY - ST - ZIP | | TINION CENT | | | ET ADORESS | | | | | Ñ |

<u> INTON MS 39056</u> TITLE VGTC TITLE Detete Addition Change NĀGEL, NAME WALTER NAME 1133 19TH STREET STREET ADDRESS STREET ADDRESS CITY - ST - ZIP WASHINGTON DC 20036 CITY - ST - ZIP Delete TITLE Change Addition SALSBURY, MICHAEL NAME STREET ADDRESS 1133 19TH STREET STREET ADDRESS CITY - ST - ZIP WASHINGTON, DC 20036 CITY - ST - ZIP TITLE Delete Change Addition SULLIVAN, SCOTT NAME STREET ADDRESS 500 CLINTON CENTER DRIVE STREET ADDRESS CITY - ST ; ZIP CLINTON MS 39056 CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 Black 13 if shapped or as an extent most with an address with all other like appearance. in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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|---|---|---|----|-----|----|----|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER NAGEL

04/25/01202-736-6362

Date