FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 19, 2000 8:00 am Secretary of State DOCUMENT # F9600005016 GROUP PURCHASING SYSTEMS, INC. 01-19-2000 90010 008 ***150.00 Mailing Address Principal Place of Business 3350 NW BOCA RATON BLVD. 3350 NW BOCA RATON BLVD. նքննկկվ SUITE B-18 SUITE B-18 BOCA RATON FL 33431-6653 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0372231 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZWIEBEL, NORMAN Street Address (P.O. Box Number is Not Acceptable) 3350 NW BOCA RATON BLVD. **BOCA RATON FL 33431** Zio Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (66/6)Change ☐ Addition TITLE ☐ Delete TITLE ZWIEBEL, NORMAN NAME NAME CR2E034 STREET ADDRESS 17325 BALBOA PT. WAY STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-7IP EXEC. VP Change ☐ Addition Delete TITLE TITLE CLANCY, JOSEPH P. CLANCY, JOSEPH P NAME NAME 12950 HAMPTON LAKES CIRCLE 2115-I-SPRINGHARBOR DR STREET ADDRESS STREET ADDRESS BIYNTON BEACH, FL 33436 CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ZWIEBEL, WANDA T NAME NAME 17325 BALBOA PT. WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 a popular of the corporation of the cor

SIGNATURE: