PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

F97000002367

ARCHIBUS, INC.

Jul 13, 1999 8:00 am Secretary of State 07-13-1999 90012 014 ***550.00

FILED

Principal Place of Business BOSTON MA 02110 DO NOT WRITE IN THIS SPACE							r				
100 FRANKLIN ST. BOSTON MA 02110 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 0.5(05/1997 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 0.5(05/1997 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 0.5(05/1997 2. Principal Place of Business 3. Date Apr. 6 etc. 3. Date Incorporated or Qualified 0.5(05/1997 2. Principal Place of Business 3. Date Apr. 6 etc. 3. Date Incorporated or Qualified 0.5(05/05/1997 2. Principal Place of Business 3. Date Apr. 6 etc. 3. Date Incorporated or Qualified 0.5(05/1997 3. Date Incorporated or Qualified 0.5(05/1997 3. Date Incorporated or Qualified 0.5(05/05/1997 3. Date Incorporated or Qualified 0.5(05/1997 3. Date Incorporated or Qualified 0.5(05/05/1997 3. Date Incorporated or Qualified 0.5(05/05/05/05/05/05/05/05/05/05/05/05/05/0	Principal Place of Business Mailing Address							I 1801169 (1)0 (0)11 (00)1 (00)1 (00)1 (00)1 (00)1 (00)1 (00)1 (00)1 (00)1 (00)1 (00)1 (00)1 (00)1 (00)1 (00)1			
BOSTON MA 02110 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 05(05/1997 23) 24) Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 27 City & State City & City & State City & State City & State City & City & State City & C			~								
2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For A											
2. Principal Place of Business 2a. Multing Address 4. FE! Number Applied For Applied For Not Applicable 25 Suite, Apt. #. etc. 27 Suite, Apt. #. etc. 28 Suite 29 29 29 29 20 Suite 28 Suite 29 Suite 2								DO NOT WRITE IN THIS SPACE			
22								1 "			
Sufe, Apt. #, etc. Sufe,											
Solite, Apt. #, etc. Sulte, Apt. #, etc. 27	2. Principal Place of Business 2a. Mailing Address								}		
City & State	21 26							04-3142406	Not Applicable		
Zip Country Zip Country Zip Country S. This corporation were the current year Integrated Personal Property. Yes No		#, etc	Marcay .					5. Certificate of Status Desired			
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 11. Pursuant to the provisions of sections 607,0502 and 607,1508, Florida Statutes. The above-name corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Statutes. The purpose of Changing its registered agent, or both, in the State of Florida. Statutes are submitted agent agent registered agent, or both in the purpose of changing its registered agent, or both in the purpose of changing its registered agent, or both in the purpose of changing its registered agent, or both in the purpose of change its registered agent, or both in the purpose of change its registered agent, or both in the purpose of change its registered agent, or both in the purpose of change its registered agent, or both in the purpose of change its registered agent, or both in the purpose of change its registered agent, or both in the purpose of change its registered agent, or both in the purpose of change its registered agent, or both in the purpose of change its registered agent, or both	¬ ·		⊢ '								
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name 84 City FL 85 Zip Code 11. Pursuant to the provisions of accitons 607 0502 and 607 1508. Florks Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607 0509. Florks Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 650 0509. Florks Statutes. SIGNATURE Signature, byeet or private name of registered agent are state of applicable. (NOTE Registered Agent synatro-nequent when relationing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME 15. STREET ADDRESS TITLE PDC PORBES, BRUCE K 15. STREET ADDRESS TITLE S DOTON MA 02110 11. TITLE S DOTON MA 02110 12. CITYST 2P TITLE S DOTON MA 02110 13. STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 STREET ADDRE	Zip	Country Zip			Country						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 11. Pursuant to the provisions of sections 607,0902 and 607,1506, Florida Statutes, the above-ment corporation's board of directors. I hereby accept the appointment as registered eigent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered eigent, and accept the obligations of, section 607,0505, Florida Statutes, the above-ment or organized agent, and section the obligations of, section 607,0505, Florida Statutes, the above-ment or organized agent, and section the obligations of, section 607,0505, Florida Statutes, the above-ment organized agent are departed agent are departed agent and set as spicial and the section for the purpose of changing its registered efficiency or registrated agent and set as spicial and the section for the purpose of changing its registered agent and set as spicial and the section for the purpose of changing its registered agent are departed agent and set as spicial and	24	25			30			That ignore i cross trops y.			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 ### City FL 85 Zip Code ##		9. Name and Address of Curren	t Registered Agent	t		1		10. Name and Address of New Registered	Agent	_ ·	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the observation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the application of section 607.0505, Florida Statutes, the description of sections 607.0505, Florida Statutes, the description of sections 607.0505, Florida Statutes, the description of sections 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE T12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PDC DELETE 11 TITLE 12 NAME FORBES, BRUCE K 100 FRANKLIN ST. 13. STREET ADDRESS 11. Change Addition of FAMALIAN ST. 100 FRANKLIN ST. 22 STREET ADDRESS 100 FRANKLIN ST. 22 STREET ADDRESS 100 FRANKLIN ST. 22 STREET ADDRESS 100 FRANKLIN ST. 33 STREET ADDRESS 100 FRANKLIN ST. 34 CITYST-2P 100 FRANKLIN ST. 34 CITYST-2P 100 FRANKLIN ST. 34 CITYST-2P 100 FRANKLIN ST. 35 STREET ADDRESS 100 FRANKLIN ST. 36 STREET ADDRESS 100 FRANKLIN ST. 36 STREET ADDRESS 100 FRANKLIN ST. 37 STREET ADDRESS 100 FRANKLIN ST. 38 STREET ADDRESS 100 FRANKLIN ST. 39 STREET ADDRESS 100 FRANKLIN ST. 100 FRANKLIN		CORROBATION OVOTER				81	Name				
11. Purposer to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the state of Florida, Such change was authorsted by the corporation's board of directors. I hereby accept the appointment as registered agent, and marrialism with, and accept the obligations of, section 607,0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS TO OF					ļ	82 Street Address (P.O. Box Number is Not Acceptable)					
11. Pursuant to the provisions of sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered sports, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the applications of, section 607,0505, Florida Statutes. SIGNATURE	Pla	NTATION FL 33324			Ì	83					
11. Pursuant to the provisions of sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Subte of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered spent, and accept the obligations of, section 607, 5055, Florida Statutes. SIGNATURE Signature, hyper of printed registered agent and title displicable						-	014.		TOET 7	in Code	
office or registered agent, or both, in the State of Flonds. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of yearch of policy of printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITITLE PDC DELETE 1.1TITLE PDC DELETE 1.1TITLE DO FRANKLIN ST. 1.3STREET ADDRESS CITY-ST2/P BOSTON MA 02110 DELETE 1.1TITLE S DOFFANKLIN ST. 2.1STREET ADDRESS CITY-ST2/P BOSTON MA 02110 DELETE 1.1TITLE D Change Additionable of the properties of the policy of printed name of registered agent signature required when reinstating) DATE 1.1TITLE D Change Additionable						84	City	Fl	_ 85 2	up code	
office or registered agent, or both, in the State of Flonds. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of yearch of policy of printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITITLE PDC DELETE 1.1TITLE PDC DELETE 1.1TITLE DO FRANKLIN ST. 1.3STREET ADDRESS CITY-ST2/P BOSTON MA 02110 DELETE 1.1TITLE S DOFFANKLIN ST. 2.1STREET ADDRESS CITY-ST2/P BOSTON MA 02110 DELETE 1.1TITLE D Change Additionable of the properties of the policy of printed name of registered agent signature required when reinstating) DATE 1.1TITLE D Change Additionable	11. Pursuant	to the provisions of sections 607,0502	and 607.1508, Flor	ida Statute	s, the abo	ve-r	named corpor	ration submits this statement for the purpose of o	nanging it:	s registered	
SIGNATURE Signature, hybord or printed name of registance algorit and 856 if applicable. (NOTE Registered Agent signature required when ministating) (DATE 12.	office or r	registered agent, or both, in the State	of Florida, Such cha	ange was a	authorized	by 1	the corporation	on's board of directors. I hereby accept the appo	intment as	s registered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PDC TITLE PDC TORSES, BRUCE K STREET ADDRESS 10. FRANKLIN ST. BOSTON MA 02110 TITLE REDMOND, ELIZABETH S TORSES, BRUCE M TORSES, BOSTON MA 02110 TITLE TITLE DELETE TORSES, BOSTON MA 02110 TITLE D TORSES, ALLAN R TORSES, BOSTON MA 02110 TITLE D TORSES, BOSTON MA 02110 DELETE STITLE D Change Additional Company of the Comp	-	an lanimar with, and accept the obliga	andria di, additori do	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 100 J. 1						
TITLE PDC	SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NO	OTE: Register	ed Ag	ent signature requ	uired when reinstating) DATE			
NAME FORBES, BRUCE K 100 FRANKLIN ST. BOSTON MA 02110 TITLE S NAME REDMOND, ELIZABETH S 100 FRANKLIN ST. BOSTON MA 02110 DELETE 22 NAME 22 NAME 22 NAME 33 STREET ADDRESS BOSTON MA 02110 DELETE 31 TITLE D NAME FORBES, ALLAN R 13 STREET ADDRESS 100 FRANKLIN ST. 23 STREET ADDRESS BOSTON MA 02110 DELETE 31 TITLE D NAME FORBES, ALLAN R 32 NAME 32 NAME 33 STREET ADDRESS BOSTON MA 02110 DELETE 31 TITLE D NAME FORBES, JULIA M STREET ADDRESS 100 FRANKLIN ST. BOSTON MA 02110 DELETE 41 TITLE D NAME FORBES, JULIA M STREET ADDRESS 100 FRANKLIN ST. BOSTON MA 02110 DELETE 41 TITLE D DELETE 51 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS SA CITY-ST-ZIP STREET ADDRESS SA CITY-ST-ZIP NAME STREET ADDRESS SA CITY-ST-ZIP STREET ADDRESS SA CITY-ST-ZIP Additional Street Additional Stree	12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
STREET ADDRESS CITY-ST-ZIP BOSTON MA 02110 TITLE S DELETE S DELETE S DELETE S DELETE S DELETE S SPREET ADDRESS Addition STREET ADDRESS 100 FRANKLIN ST. BOSTON MA 02110 DELETE S SPREET ADDRESS 100 FRANKLIN ST. STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOSTON MA 02110 TITLE D DELETE S STREET ADDRESS CITY-ST-ZIP BOSTON MA 02110 DELETE S STREET ADDRESS CITY-ST-ZIP BOSTON MA 02110 DELETE S STREET ADDRESS CITY-ST-ZIP TITLE D DELETE S STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE D DELETE S STREET ADDRESS CITY-ST-ZIP TITLE D DELETE S STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE S STREET ADDRESS CITY-ST-ZIP DELETE S STREET ADDRESS CITY-ST-ZIP DELETE S STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE S STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP S STREET ADDRESS	TITLE	PDC		DELETE	1.1 TIT	LE	1		L Chang	ge Addition	
BOSTON MA 02110 ITTLE S DELETE S1TITLE S CITY-ST-ZIP DELETE S1TITLE S STREET ADDRESS ST	NAME	FORBES, BRUCE K			1.2 NA	ME					
TITLE S DELETE 21 TITLE Change Addition	STREET ADDRESS	100 Franklin St.			1.3 STF	REET	ADDRESS	•			
NAME REDMOND, ELIZABETH S STREET ADDRESS 100 FRANKLIN ST. BOSTON MA 02110 TITLE D DELETE 3.1 TITLE D NAME FORBES, ALLAN R 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 3.1 TITLE D Change Addition Add	CITY-ST-ZIP	BOSTON MA 02110			1,4 CIT	Y-ST-	ZIP				
STREET ADDRESS CITY-ST-ZIP BOSTON MA 02110 DELETE 3.1 TITLE D DELETE 3.1 TITLE D DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS CITY-ST-ZIP BOSTON MA 02110 3.4 CITY-ST-ZIP TITLE D DELETE 4.1 TITLE NAME FORBES, JULIA M STREET ADDRESS CITY-ST-ZIP NAME FORBES, JULIA M STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE	\$.		DELETE	2.1 TJT	LE			Chan	ge Addition	
CITY-ST-ZIP BOSTON MA 02110 DELETE 3.1 TITLE D NAME FORBES, ALLAN R 100 FRANKLIN ST. 3.3 STREET ADDRESS CITY-ST-ZIP BOSTON MA 02110 DELETE 4.1 TITLE D NAME FORBES, JULIA M 4.2 NAME STREET ADDRESS TREET ADDRESS TOY-ST-ZIP BOSTON MA 02110 DELETE 4.1 TITLE D Addition Addition Addition Addition ACCITY-ST-ZIP ACCITY-ST-ZIP ACCITY-ST-ZIP BOSTON MA 02110 DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ACCITY-ST-ZIP BOSTON MA 02110 DELETE 5.1 TITLE Addition STREET ADDRESS CITY-ST-ZIP ACCITY-ST-ZIP BOSTON MA 02110 DELETE 6.1 TITLE Addition Additio	NAME	REDMOND, ELIZABETH S			2.2 NAME						
TITLE D DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS ALLAN R STREET ADDRESS 100 FRANKLIN ST. CITY-ST-ZIP BOSTON MA 02110 3.4 CITY-ST-ZIP TITLE D D DELETE 4.1 TITLE 4.2 NAME STREET ADDRESS 100 FRANKLIN ST. CITY-ST-ZIP BOSTON MA 02110 4.4 CITY-ST-ZIP TITLE D DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE G.1 TITLE DELETE DELETE G.1 TITLE DELETE DELETE G.1 TITLE DELETE DELETE G.1 TITLE DELETE DE	STREET ADDRESS	100 FRANKLIN ST.			2.3 ST	REET	NODRESS				
TITLE D DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS ALLAN R 3.2 NAME STREET ADDRESS CITY-ST-ZIP BOSTON MA 02110 3.4 CITY-ST-ZIP TITLE D D DELETE 4.1 TITLE CITY-ST-ZIP NAME FORBES, JULIA M 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 5.1 TITLE DELETE 5.1 TITLE CHANGE Additional Control of the company of th	CITY-ST-ZIP	BOSTON MA 02110			2.4 CF	Y-ST-	ZIP			-	
STREET ADDRESS CITY-ST-ZIP BOSTON MA 02110 34 CITY-ST-ZIP TITLE D DELETE 4.1 TITLE NAME FORBES, JULIA M STREET ADDRESS CITY-ST-ZIP BOSTON MA 02110 DELETE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP TALL HerePN Certify that the information supplied with this filling does not qualify for the exercition stated in section 119.07(3)(i). Florida Statutes, I further certify that the information	TITLE	D .		DELETE	3.1 TIT	LE			Chan	ge Addition	
CITY-ST-ZIP BOSTON MA 02110 3.4 CITY-ST-ZIP TITLE D Change Additive Ad	NAME	FORBES, ALLAN R			3.2 NA	ME					
CITY-ST-ZIP BOSTON MA 02110 3.4 CITY-ST-ZIP TITLE D Change Additive Ad	STREET ADDRESS	•			3.3 ST	REET	ADDRESS				
TITLE D DELETE 4.1 TITLE	CITY-ST-ZIP				3.4 CIT	Y-ST-	ZIP				
NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE Change Addibit 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP Addibit 6.3 STREET ADDRESS CITY-ST-ZIP Addibit Change Addibit Change Addibit Addibit Change Addibit Change Addibit Change Addibit Addibi				DELETE	4.1 TIT	LE.			Chan	ge Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP TALL TO BE Additional Control of the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information	NAME	FORBES, JULIA M	_		4.2 NA	ME					
CITY-ST-ZIP BOSTON MA 02110 4.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition Change Addition Change Addition Change Addition Addition Change	STREET ADDRESS				4.3 STF	REET	NODRESS				
TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE 3.3 STREET ADDRESS S.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition Change Addition Change Addition Addition Change Addition Addition Addition Change Addition Change Addition Change Addition Addition Change Addition Chang					4.4 CIT	Y-ST-	ZIP	<u>_</u>			
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TO DELETE 6.1 TITLE Change Addition Additio			П	DELETE					Chan	ge Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 4.4 Liberably 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	1				5.2 NA	ME			,		
S.4 CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP 14 L 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					5.3 ST	REET	ADDRESS				
TITLE NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14 L 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		अपूर्वे किया विकेष			5.4 CIT	Y-ST-	ΖΪΡ				
NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14 L 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	TITLE	A A LOTE TO SPINE DEFINE TO THE ANALYSIS		DELETE	_				Chan	ge Addition	
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 4.4 Libershy 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	· · · .]	\$1700 x 1500 电模拟分配			6.2 NA	ME					
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4 L bereby 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	1						ADDRESS				
14. Legady cartify 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							i				
The survivery record from the contraction of the co	14 Lhereby ce	ertify that the information supplied with	this filing does not a	ualify for t	he exemp	tion	stated in sec	tion 119.07(3)(i), Florida Statutes. I further certify	that the ir	nformation	
indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.	indicated of an officer of	on this annual report or supplemental or director of the corporation or the re	annual report is true ceiver or trustee em	e and accu powered to	rate and t	hat i	my signature.	shall have the same legal effect as if made und	ier oatn: tr	natiam .	

SIGNATURE: