## 2002 Uniform Business Report (UBR)

of the corporation or the received changed, or on an attachment

SIGNATURE

## Apr 16, 2002 8:00 am Secretary of State F97000003196 DOCUMENT # 1. Entity Name 04-16-2002 90100 026 \*\*\*150.00 ALSTEN U.S.A., INC. Principal Place of Business Mailing Address 680 ESTATES WAY 680 ESTATES WAY ALTANTIS FL 33462 ALTANTIS FL 33462 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0729257 Not Applicable Zip Country "Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 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 11. 🗗 OFFICERS AND DIRECTORS ☐ Change Addition CR2E034 (9/01) ☐ Delete TITLE TITLE STENSON, MARGARET NAME NAME STREET ADDRESS STREET ADDRESS 680 ESTATES WAY **ALTANTIS FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STENSON, DAVID NAME STREET ADDRESS STREET ADDRESS **680 ESTATES WAY** CITY-ST-ZIP CITY-ST-ZIP ALTANTIS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STENSON, CHRISTOPHER STREET ADDRESS STREET ADDRESS 680 ESTALOS WAY CITY-ST-ZIP CITY-ST-ZIP ATLANTIS FL 33462 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME 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 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 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 as required shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of truline empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

561-309-2804