2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 02, 2001 8:00 am Secretary of State DOCUMENT # F9700003541 ADVANCE PROCESSING SYSTEMS, INC. 03-02-2001 90078 048 ***150.00 Principal Place of Business Mailing Address 12801 N. CENTRAL EXPRESSWAY, STE. 700 12801 N. CENTRAL EXPRESSWAY, STE. 700 DALLAS TX 75243 DALLAS TX 75243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1632935 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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. DATE (NOTE: Registered Agent signature required when reinstating), 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Addition CR2E034 (10/00 ☐ Change TITLE ☐ Delete TITLE CREWS, J. RUSSELL NAME NAME STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, STE. 700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75243 CEOD ☐ Delete Change ☐ Addition TITLE TITLE LONCHARICH, TIMOTHY J NAME MAME STREET ADDRESS STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, STE. 700 CITY-ST-7IP CITY-ST-ZIP DALLAS TX 75243 Change ☐ Delete ☐ Addition TITLE TITLE SNELLING, ROBERT O JR. NAME NAME STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, STE. 700 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DALLAS TX 75243 Delete Addition Change TITLE TITLE MCANINCH, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, STE. 700 CITY-ST-7IP CITY-ST-ZIP DALLAS TX 75243 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition 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 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 all other like empowered.

2-22-01

Daylinie Phone #

FILED