2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am Secretary of State **DOCUMENT #** F97000004436 1. Entity Name **PSION TEKLOGIX CORPORATION** 04-29-2002 90034 023 ***150.00 Principal Place of Business Mailing Address 1810 AIRPORT EXCHANGE BLVD., SUITE 500 1810 AIRPORT EXCHANGE BLVD.. SUITE 500 **ERLANGER KY 41018 ERLANGER KY 41018** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 51-0263558 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME MCELROY, IAN NAME STREET ADDRESS 37 RITTER CRESCENT UNIONVILLE STREET ADDRESS CITY-ST-ZIP ONTARIO CANADA L3R 4K4 CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME CROSBY, CONSTANCE L NAME STREET ADDRESS 72 WIMBLETON ROAD, ETOBICOKE STREET ADDRESS CITY-ST-7IP ONTARIO, CANADA M9A 3S1 CITY-ST-ZIP TITLE PD Delete TITLE ☐ Change Addition NAME ROSE, MICHAEL STREET ADDRESS 3MATSON DRIVE RR#2 BOLTON STREET ADDRESS CITY-ST-7IP ONTARIO, CANADA L7-E5R8 CITY-ST-ZIP TITLE AS ☐ Delete TITLE Change ■ Addition NAME BYRNE, THOMAS F NAME STREET ADDRESS 978 ROYAL YORK RD ETOBICOKE STREET ADDRESS CITY-ST-ZIP ONTARIO CANADA M8X 2E9 CITY-ST-ZIP TITLE **GM** Delete TITLE Change Addition ADAMS, DONALD C NAME STREET ADDRESS 866 RIVERWATCH DR STREET ADDRESS CITY-ST-ZIF CRESCENT SPRINGS KY 41017 CITY-ST-ZIP TITLE 7 575911. □ Defete TITLE Addition NAME ster kennedy kennedy NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP le+andria. 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 changed, or on an attachment with an address, with all other like enjowered.

SIGNATURE: