

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005038

1. Entity Name

HIS INTERNATIONAL, INC.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90369 041 ****61.25

Principal Place of Business

1711 PENDLETON ST.
 COLUMBIA SC 29201-3810

Mailing Address

PO BOX 8323
 COLUMBIA SC 29202-8323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-0942453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTA, JOE
 15004 LAKE AZURE DR
 ORLANDO FL 32824

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME PC
 CANNON, PETER J ☐ Delete
 STREET ADDRESS 243 HUNTER'S BLIND
 CITY-ST-ZIP COLUMBIA SC 29212

TITLE
 NAME Dr. William Fravel ☐ Change ☒ Addition
 STREET ADDRESS 1712 Johnson Marina Rd
 CITY-ST-ZIP Chapin, SC 29036

TITLE
 NAME S
 CANNON, PATRICIA A ☐ Delete
 STREET ADDRESS 243 HUNTER'S BLIND
 CITY-ST-ZIP COLUMBIA SC 29212

TITLE
 NAME Dr. Chuck Kwok ☐ Change ☒ Addition
 STREET ADDRESS College of Business Adim. MIBS Office
 CITY-ST-ZIP University of South Carolina
 Columbia, SC 29225

TITLE
 NAME T
 CARRINGTON, JOHN ☐ Delete
 STREET ADDRESS 195 CHURCH ST.
 CITY-ST-ZIP ORANGEBURG SC 29116

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME D
 KIRKER, CAM REV. ☐ Delete
 STREET ADDRESS 222 SAVANNAH RD.
 CITY-ST-ZIP SUMMERVILLE SC 29485

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME D
 COOPER, ROBERT ☐ Delete
 STREET ADDRESS 104 OLD RIDGE CT.
 CITY-ST-ZIP COLUMBIA SC 29212

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME D
 MIXON, KAREN ☐ Delete
 STREET ADDRESS 115 NOTTINGHAM RD.
 CITY-ST-ZIP COLUMBIA SC 29210

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Peter J Cannon 5/2/02 803-252-4146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)