

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000006195****1. Entity Name**  
**BLUE DOT SERVICES INC.****FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90014 040 \*\*\*150.00

**927958**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
13680 NW 5TH STREET  
STE 200  
SUNRISE FL 33325  
US**Mailing Address**  
13680 NW 5TH STREET  
STE 200  
SUNRISE FL 33325  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** 41-1880348

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****CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	LEWIS, MERLE	125 SOUTH DAKOTA AVENUE SUITE 1100	SIOUX FALLS SD 57104-6403	<input type="checkbox"/>
VCD	HYLLAND, RICHARD R	125 SOUTH DAKOTA AVENUE SUITE 1100	SIOUX FALLS SD 57104-6403	<input type="checkbox"/>
PCD	JOHNSON, PATRICK L	13680 NW 5TH ST STE 200	SUNRISE FL 33325-6223	<input type="checkbox"/>
SV	MINTZ, ALAN J	13680 NW 5TH ST STE 200	SUNRISE FL 33325-6223	<input type="checkbox"/>
VCTS	PAPADAKIS, JOAN	13680 NW 5TH ST STE 200	SUNRISE FL 33325-6223	<input type="checkbox"/>
VASD	MICHELSON, G M	125 SOUTH DAKOTA AVENUE SUITE 1100	SIOUX FALLS SD 57104-6403	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP/S	SNIDER, MARK D	13680 NW 5TH STREET, SUITE 200	SUNRISE, FL 33325	<input type="checkbox"/>
SVP/CMO	CANNON, MARC G.	13680 NW 5TH STREET, SUITE 200	SUNRISE, FL 33325	<input type="checkbox"/>
P/CEO/D	JOHNSON, PATRICK L	13680 NW 5TH STREET, SUITE 200	SUNRISE, FL 33325	<input checked="" type="checkbox"/>
VP	JACK, LAURA	13680 NW 5TH STREET, SUITE 200	SUNRISE, FL 33325	<input type="checkbox"/>
EVP/CFO/T/AS	PAPADAKIS, JOAN	13680 NW 5TH STREET, SUITE 200	SUNRISE, FL 33325	<input checked="" type="checkbox"/>
AT/D	NEWELL, DANIEL K	125 SOUTH DAKOTA AVENUE, SUITE 1100	SIOUX FALLS, SD 57104	<input type="checkbox"/>

**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.****SIGNATURE:**

Mark D. Snider

3/5/2001

(954) 835-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**BLUE DOT SERVICES INC.**

**Officer Attachment**  
Document # F97000006195

Attachment  
927958  
#F97000006195

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DIETRICH, ALAN D. 125 S. DAKOTA AVE, SUITE 1100 SIOUX FALLS, SD 57104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BACHMAN, SUSAN ANDERSON 125 S. DAKOTA AVE, SUITE 1100 SIOUX FALLS, SD 57104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLLAUN, DANIEL L. 13680 NW 5 <sup>TH</sup> STREET, SUITE 200 SUNRISE, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition