### **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

# F97000006279 **DOCUMENT #**

1. Entity Name

INFORMATION INTERNATIONAL ASSOCIATES, INC.



Apr 29, 2003 8:00 am Secretary of State
04-29-2003 90045 024 \*\*\*150.00

						WE TY						
Principal Place of Business P.O. BOX 4219 OAK RIDGE TN 37831			P.O. BOX	Mailing Address P.O. BOX 4219 OAK RIDGE TN 37831				<u> </u>		 144 184 184 1	<b>11/10 1</b> /11 <b>0</b> 1/11/1	
2. Principal Place of Business			3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & S	City & State			<del></del>	4. FEI Number	62-1500232	2	<u> </u>	pplied For
Zip	Zip Country		Zip	Zip Cr		ountry		5. Certificate of	Status Desired		\$8.75 Add	litional
6. Name and Address of Current Registered Agent					Ь			7. Name and A	ddroes of Nov	Poglatored		
	o. Name	and Address of Cu	rrem negistered A	Agent		Name		7. Name and A		Registered	Agent	
MCPHILLIPS, PATRICIA						Street Address (P.O. P.C. Mumber is Not Acceptable)						
EGLIN AFB LIBRARY						60	dia	_	2			
305 WEST F ST.						ن ۱۸۶	2 )	1 NACC	- £ 15.7-	Aue	510	1
EGLIN AFB FL 32542						108 N. McCarthy Ave., Ste					Zip Code	ָּהי י
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title it applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE												
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550 6 Florida Departme	0.00		11.			I	ion Campaign F Fund Contributi	on. [	Added	May Be to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Delete CARROLL, BONNIE C 10805 FOX PARK KNOXVILLE TN 37931		TITLE NAMI STRE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10805 FO	COOPER, ROY 0805 FOX PARK			· ·					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					د د د د د د د د د د د د د د د د د د د	· - , — ,—— ·	-	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			Delete		ſ	<u>.</u>				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N S					***			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STRE						☐ Change	Addition

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

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

# Attachment

#### **EFT Enrollment Form**

F97080006279

Information International Associates, Inc. (IIa) encourages its vendors and business associates to receive payments through EFT (Electronic Funds Transfer) processing. While this is strictly voluntary, EFT helps to ensure payments are received and deposited directly to your account in a timely manner. To enroll or decline in EFT processing, please complete the following information and fax or mail to:

Information International Associates, Inc.
PO Box 4219
Oak Ridge, TN 37831-4219

FAX: 865-481-8003

PAYEE'S NAME:									
NO, THE PAYEE DECLINES TO ENROLL IN EFT AT THIS TIME.									
YES, THE PAYEE ELECTS TO RECEIVE PAYMENTS VIA EFT PLEASE COMPLETE THE BANK INFORMATION BELOW									
BANK NAME:									
BANK ROUTING NUMBER:	BANK ROUTING NUMBER:								
PAYEE'S ACCOUNT NUMBER:									
ACCOUNT TYPE (Check one):	Checking								
	Savings								

CONFIDENTIALITY STATEMENT: Ila shall treat this information as Confidential solely for the purpose intended as stated above, and will use the same degree of care, but no less than a reasonable degree of care, to prevent unauthorized use or disclosure of the Confidential Information as Ila would use to preserve and protect its own Confidential Information.