2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) F97000006470 DOCUMENT

FILED

Secretary of State

May 01, 2003 8:00 am

05-01-2003 90796 008 ***150.00 1. Entity Name TERANEX, INC. Principal Place of Business Mailing Address 7800 SOUTHLAND BLVD 7800 SOUTHLAND BLVD SUITE 250 SUITE 250 ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3479838 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHANSEN, ALAN T Box Number is Not Acceptable) TERANE INC. SOUTHLAND BLUD, SLITE 7800 SOUTHLAND BLVD STE 250 ORLANDO FL 32809 City ORLANDO 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 agen-ONTROUGR SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE PRESIDENT/LED = Addition TITLE Change BARON, MICHEAL NAME ROBERT NAME 7000 SOUTHLAND BLUD SWITE 250 STREET ADDRESS 7800 SOUTHLAND BLVD., SUITE 250 STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-ZIP OKLANDO FL Delete Change TITLE TITLE 110 KAHANI HEIMBRUCH, MARK NAME NAME m SOUTHLAND BUD, SUITE 250 7800 SOUTHLAND BLVD., SUITE 250 STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 3*5*500 CITY-ST-ZIP CITY-ST-7IP ANDO Delete Addition ☐ Change TITLE TITLE JANET LEISING NAME JOHĀNSEN, ALAN NAME SOUTHLAND BLUD, SUITE 250 STREET ADDRESS 7800 SOUTHLAND BLVD., SUITE 250 STREET ADDRESS ANDO CITY-ST-716 ORLANDO FL 32809 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change JTROLLER NAME NAME ND BUD, SLITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR