2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 amg Secretary of State DOCUMENT # F97000006599 1. Entity Name INFORMATION NETWORK SYSTEMS, INC. 05-13-2002 90233 001 ***150.00 05-13-2002 90233 002 *****8.75 Principal Place of Business Mailing Address ONE IVYBROOK BLVD. SUITE 140 ONE IVYBROOK BLVD. SUITE 140 IVYLAND PA-18974 IVYLAND PA 18974 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 23-2139528 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name... متعصرات والمصاف عيدان ومطال بالإعلام والعيار KNISELY, BEN Street Address (P.O. Box Number is Not Acceptable) 739 ANTALYA COURTS PUNTA GORDA FL 33950 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete DIRECTOR ☐ Addition TITLE NAME MARTIN, SYDNEY NAME CR2E034 S REET ADDRESS 22 BAILWICK OFFICE CAMPUS STREET ADDRESS CITY-ST-ZIP DOYLESTOWN PA 18901 CITY-ST-ZIP PRES. DENT TITLE ☐ Defete ☐ Addition NAME Brohm, Gerard P NAME STREET ADDRESS C/O INS INC-IVY BROOK BLVD., STE. 140 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IVYLAND PA 18974 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME BLANTON, DAVID----STREET ADDRESS STREET ADDRESS C/O INS INC-IVY BROOK BLVD., STE. 140 CITY-ST-7IP CITY-ST-ZIP IVYLAND PA 18974 TITLE TREASUNER ☐ Delete TITLE Addition Change 5 HAron B. MARTIN # 140 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

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