

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000837

1. Entity Name

PRODUCTIVITY PARTNERS INTERNATIONAL, INC.

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90049 018 ***150.00

Principal Place of Business
9600 WEST SAMPLE ROAD, STE. 404
CORAL SPRINGS FL 33065

Mailing Address
9600 WEST SAMPLE ROAD, STE. 404
CORAL SPRINGS FL 33065

2. Principal Place of Business
602 B Rutledge Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 22528
Suite, Apt. #, etc.

City & State
Charleston SC
Zip 29403 Country US

City & State
Charleston SC
Zip 29413 Country US

4. FEI Number 65-0782581
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERMANN, RICHARD F
9600 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
Name Mike McNamara
Street Address (P.O. Box Number is Not Acceptable)
9600 West Sample Rd
Suite 404
City Coral Springs FL Zip Code 33065

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] - Mike McNamara 1/30/2001
(NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HERMANN, RICHARD F 9600 WEST SAMPLE ROAD, STE. 404 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	602 B Rutledge Ave Charleston SC 29403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSCIA, LOUIS S 9600 WEST SAMPLE ROAD, STE. 404 CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Daniel McAnnar 602 B Rutledge Ave Charleston SC 29403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD-D HILL, SAMUEL D 9600 W SAMPLE RD #404 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DAY, JAMES R 9600 W SAMPLE RD #404 CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DANIEL B. MCANNAR 2/13/01 843 723-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0130293

CR2E034 (10/00)