## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

## Apr 24, 2000 8:00 am Secretary of State DOCUMENT # F98000000942 INTELLIMARK, INC. 04-24-2000 90033 017 \*\*\*150.00 Principal Place of Business Mailing Address 302 E MILLSAP ROAD 302 E MILLSAP ROAD **FAYETTEVILLE AS 72703** FAYETTEVILLE AS 72703-4098 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 71-0800271 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П .)SA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - Namo C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FI 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, 2000 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 12. 11. Addition TITLE ☐ Delete TITLE BREWER, CLETE T 234 E. Millsap Rd STREET ADDRESS STREET ADDRESS 302 € MILLSAP ROAD CITY-ST-ZIP CITY-ST-ZIP **FAYETTEVILLE AS** VAS TITLE XI Change ☐ Addition ☐ Delete TITLE BELLORA, TERRY C NAME NAME STREET ADDRESS 234 E. Mellsap Rd STREET ADDRESS 302 E MILLSAP ROAD CITY-ST-7IP CITY-ST-ZIP FAYETTEVILLE AS Change ☐ Addition TITLE VCS TITLE □ Delete ALLISON, GORDON Y NAME NAME 234 E. Millson Rd STREET ADDRESS STREET ADDRESS 302 E MILLSAP ROAD CITY-ST-ZIP CITY-ST-ZIP FAYETTEVILLE AR 72703 ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

Forder 4. Allison 4/5/00