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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000003001**

1. Corporation Name

DATA TREE ~~CORPORATION~~ LLC

Principal Place of Business	Mailing Address
550 WEST C STREET, SUITE 2040 SAN DIEGO CA 92101	550 WEST C STREET, SUITE 2040 SAN DIEGO CA 92101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: ~~05/27/1998~~ 6/2/98

4. FEI Number: ~~33-0298550~~ 33-0811493 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

21 2. Principal Place of Business

22 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

26 2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

~~JACKSON, LISA~~
~~2101 W. COMMERCIAL BLVD., SUITE 5350~~
~~FT. LAUDERDALE FL 33309~~

JEFFREY BROWN

10. Name and Address of New Registered Agent

81 Name: Mr. Jeffrey Brown

82 Street Address (P.O. Box Number is Not Acceptable): 2101 W. Commercial Blvd. ~~#5350~~ #350

83

84 City: Fort Lauderdale FL 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jeffrey L. Brown 2-24-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP CHOPRA, HARISH K 550 WEST C STREET, SUITE 2040 SAN DIEGO CA 92101	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRUNK, CARL A 550 WEST C STREET, SUITE 2040 SAN DIEGO CA 92101	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P William P. Dawson 550 W. C Street #2040 San Diego CA 92101	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, ROBERT F 550 WEST C STREET, SUITE 2040 SAN DIEGO CA 92101	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST REYNOLDS, MICHAEL D 550 WEST C STREET, SUITE 2040 SAN DIEGO CA 92101	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 — Date

619-231-3300 — Daytime Phone #