

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90119 001 *1,650.00

DOCUMENT # F98000003756

1. Entity Name
MYND CORPORATION F/K/A THE LEVERAGE GROUP, INC.

Principal Place of Business
**68 NATIONAL DRIVE
 GLASTONBURY CT 06033**

Mailing Address
**PO BOX 10
 COLUMBIA SC 29202
 US**

75266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 06-1119107		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RISLEY, MICHAEL W		NAME	Edward P. Boykin	
STREET ADDRESS	ONE PMSC CENTER		STREET ADDRESS	9500 Arboretum Blvd.	
CITY-ST-ZIP	BLYTHEWOOD SC 29016		CITY-ST-ZIP	Austin, TX 78759	
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE	VPT, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISON, STEPHEN G		NAME	Leon J. Level	
STREET ADDRESS	ONE PMSC CENTER		STREET ADDRESS	2100 East Grand Ave.	
CITY-ST-ZIP	BLYTHEWOOD SC 29016		CITY-ST-ZIP	El Segundo, CA 90245	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete	TITLE	VPS, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, TIMOTHY		NAME	Hayward D. Fisk	
STREET ADDRESS	ONE PMSC CENTER		STREET ADDRESS	2100 East Grand Ave.	
CITY-ST-ZIP	BLYTHEWOOD SC 29016		CITY-ST-ZIP	El Segundo, CA 90245	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, G. LARRY		NAME	Van E. Edwards III	
STREET ADDRESS	ONE PMSC CENTER		STREET ADDRESS	10381 Wilson Blvd.	
CITY-ST-ZIP	BLYTHEWOOD SC 29016		CITY-ST-ZIP	BlytheWOOD, SC 29016	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Van B. Honeycutt	
STREET ADDRESS			STREET ADDRESS	2100 East Grand Ave.	
CITY-ST-ZIP			CITY-ST-ZIP	El Segundo, CA 90245	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Van E. Edwards III **VAN E. EDWARDS III** 4/26/01 803-333-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)