

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003756

1. Entity Name

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

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

06-20-2001 90119 001 *1,650.00

Principal Place of Business

Mailing Address

68 NATIONAL DRIVE
GLASTONBURY CT 06033

PO BOX 10
COLUMBIA SC 29202
US

75266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1119107

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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)

DATE

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	PD	<input checked="" type="checkbox"/> Delete
NAME	RISLEY, MICHAEL W	
STREET ADDRESS	ONE PMSC CENTER	
CITY-ST-ZIP	BLYTHEWOOD SC 29016	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, STEPHEN G	
STREET ADDRESS	ONE PMSC CENTER	
CITY-ST-ZIP	BLYTHEWOOD SC 29016	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, TIMOTHY	
STREET ADDRESS	ONE PMSC CENTER	
CITY-ST-ZIP	BLYTHEWOOD SC 29016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, G. LARRY	
STREET ADDRESS	ONE PMSC CENTER	
CITY-ST-ZIP	BLYTHEWOOD SC 29016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward P. Boykin	
STREET ADDRESS	9500 Arboretum Blvd.	
CITY-ST-ZIP	Austin, TX 78759	
TITLE	VPT, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leon J. Level	
STREET ADDRESS	2100 East Grand Ave.	
CITY-ST-ZIP	El Segundo, CA 90245	
TITLE	VPS, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hayward D. Fisk	
STREET ADDRESS	2100 East Grand Ave.	
CITY-ST-ZIP	El Segundo, CA 90245	
TITLE	VP, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Van E. Edwards III	
STREET ADDRESS	10381 Wilson Blvd.	
CITY-ST-ZIP	BlytheWOOD, SC 29016	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Van B. Honeycutt	
STREET ADDRESS	2100 East Grand Ave.	
CITY-ST-ZIP	El Segundo, CA 90245	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

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)