## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 am Secretary of State DOCUMENT # F98000004407 1. Entity Name 05-06-2002 90237 033 \*\*\*150.00 ISS ACQUISITION CORP. Principal Place of Business Mailing Address 1600 PARKWOOD CIRCLE 4800 N FEDERAL HWY SUITE 2008 STF 400 **BOCA RATON FL 33431** ATLANTA GA 30339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0855987 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Addition GAZE, PETER NAME Friedlander, Scott NAME 4800 N. FEDERAL HIGHWAY, SUITE 200B STREET ADDRESS STREET ADDRESS 1600 Parkwood Circle, #400 BOCA RATON FL 33431 CITY-ST-ZIP CITY-ST-ZIP Atlanta, GA 30339 **VSD** TITLE ☐ Delete TITLE Change NAME Levine, steven j NAME Schoenfield, Eli STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 200B STREET ADDRESS 4800 N. Federal Highway, Suite 200B CITY-ST-7IP BOCA RATON FL 33431 CITY-ST-ZIP Boca Raton, FL 33431 TITLE ☐ Delete TITLE Change = - Addition NAME GEBHARD, ROGER NAME STREET ADDRESS 4800 N FEDERAL HWY #200B STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME OLBERT, ANN NAME STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 200B STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP TITLE TITLE Complete list Change ☐ Addition \*\*PLEASE NOTE: NAME KISSANE, RICHARD NAME of all Officers & 1600 PARKWOOD CIRCLE #400 STREET ADDRESS STREET ADDRESS Directors in 11 & 12. CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-ZIP Delete TITL E ☐ Change ☐ Addition 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 in 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 empoyeered to execute this report or 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 appress, with all other like empoyeers. Roger

SIGNATURE:

DGebhard SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

4/11/2002

Secretar

ASST.

FILED

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