

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000005088

FILED  
Jan 23, 2003  
Secretary of State

Entity Name: GLYPHICS COMMUNICATIONS, INC.

## Current Principal Place of Business:

66 E WADSWORTH PK DR  
STE 200  
DRAPER, UT 84020

## New Principal Place of Business:

## Current Mailing Address:

901 N BRUTSCHER ST  
0356  
NEWBERG, OR 97132

## New Mailing Address:

901 N BRUTSCHER ST  
D 358  
NEWBERG, OR 97132

FEI Number: 87-0538985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: RICHARDS, TAD  
Address: 66 E WADSWORTH PK DR  
City-St-Zip: DRAPER, UT 84020

Title: VSTD ( ) Delete  
Name: MOULTON, GARY  
Address: 66 E WADSWORTH PK DR  
City-St-Zip: DRAPER, UT 84020

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: RHODES, JOHN  
Address: 66 E WADSWORTH PK DR  
City-St-Zip: DRAPER, UT 84020

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY MOULTON

VSTD

01/23/2003

Electronic Signature of Signing Officer or Director

Date