FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State
06-27-2002 90523 019 ***550.00

DOCUMENT # F98000006285

1. Entity Name
GOV CONNECT, INC.

B0126032

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
STE 300	STE 300
Suite, Apt. #, etc. 11311 CORNELL PARK DRIVE	Suite, Apt. #, etc. 11311 CORNELL PARK DRIVE
City & State CINCINNATI, OH	City & State CINCINNATI, OH
Zip 45242 Country USA	Zip 45242 Country USA

4. FEI Number 59-2957887 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
City: PLANTATION **FL** Zip Code: 33324

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	CEO/PRESIDENT
NAME	JAMES L. FOX
STREET ADDRESS	11311 CORNELL PARK DR, STE 300
CITY-ST-ZIP	CINCINNATI, OH 45242
TITLE	VP
NAME	PAUL DOTY
STREET ADDRESS	11311 CORNELL PARK DR
CITY-ST-ZIP	CINCINNATI, OH 45242
TITLE	VP
NAME	BRUCE FICKE
STREET ADDRESS	11311 CORNELL PARK DR
CITY-ST-ZIP	CINCINNATI, OH 45242
TITLE	SECRETARY
NAME	MARY PAT GOLDEN
STREET ADDRESS	11311 CORNELL PARK DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45242
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Ficke 6/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #