2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000006752

Entity Name: EXPORTERS, INC.

FILED Feb 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
315 NW BEREA AVE. KEYSTONE HEIGHTS, FL 32656					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
315 NW BEREA AVE. KEYSTONE HEIGHTS, FL 32656					
FEI Number:	36-3583967	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:	
MURRAY, GEORGE 315 NW BEREA AVE. KEYSTONE HEIGHTS, FL 32656					
The above in the State		bmits this statement for the purp	ose of changing its registere	d office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
		atisfy its Intangible Tax filing requirer	nent and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E FENTON, DARYL 1989 ROLLING M AKRON, OH	Delete	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () C MURRAY, GEOR 315 NW BEREA KEYSTONE HEIG	NE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () E GINTER, GARY 5840 W. MIDWA' CHICAGO, IL 600		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () D MOSHER, MICHA 19 S. LASALLE, S CHICAGO, IL 600	STE. 1400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () E RITCHIE, MARK 27220 DARRELL WAUCONDA, IL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AT () E RUPP, TERRI 120 SOUTH HARV OAK PARK, IL 60		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GMURRAY VP 02/01/2002