

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90310 018 ***150.00

DOCUMENT # F98000006951

1. Entity Name

TALLAHASSEE TECHNOLOGIES, INC.

Principal Place of Business
**1720 WEST PAUL DIRAC DRIVE
 TALLAHASSEE FL 32310**

Mailing Address
**1720 WEST PAUL DIRAC DRIVE
 TALLAHASSEE FL 32310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3528307**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COBURN, T. MICHAEL
 1720 WEST PAUL DIRAC DRIVE
 TALLAHASSEE FL 32310**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	PERESS, YEHUDA	2464 ELFINWING RD	TALLAHASSEE FL 32308	<input type="checkbox"/>
	STPD	COBURN, T. MICHAEL	3125 ORTEGA DR.	<input type="checkbox"/>
	D	SHIFF, NEHENIA	26 HASHOFTIM ST.	<input type="checkbox"/>
			HOLON 58102 ISRAEL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Director	Peress, Yehuda	7597 Copper Lane	Tallahassee, FL 32311	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chairman	Coburn T. Michael	6143 Pickwick Rd	Tallahassee, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Day, Richard	10200 Signonia Dr.	Laurel, Maryland 22180	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Vice Admiral R.F. Schultz	2027 Mofair Meleum Court	Falls Church, VA 22043	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Lt. General V.O. Lang	1008 Mountfort Court	Vienna, Va. 22180	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01 **850-580-0200**

Date Daytime Phone #

CR2E034 (10/00)