UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002324

1. Entity Name
TRI-TEK BUSINESS SERVICES, INC.

APPROVED AND FILED

00 OCT 27 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14323 SOUTH OUTER 40 ROAD. #201 ST. LOUIS MO 63017	14323 SOUTH OUTER 40 ROAD. #201 ST. LOUIS MO 63017

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 34-1897687 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOWLAND, DOUGLAS R	NAME	
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD., SUITE 330	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44131	CITY-ST-ZIP	
TITLE	V ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	WINKLER, FRED M	NAME	000003464590---3
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD., SUITE 330	STREET ADDRESS	-11/15/00--01082--003
CITY-ST-ZIP	CLEVELAND OH 44131	CITY-ST-ZIP	****550.00 ****550.00
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, ALLEN C III	NAME	
STREET ADDRESS	14323 SOUTH OUTER 40 ROAD, #201	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63017	CITY-ST-ZIP	
TITLE	T ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BRADFORD, JOCELYN A	NAME	
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD., SUITE 330	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44131	CITY-ST-ZIP	
TITLE	AT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YOUNG, FELICIA P	NAME	
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD., SUITE 330	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44131	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RUTIGLIANO, BARBARA A	NAME	
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD., SUITE 330	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44131	CITY-ST-ZIP	

CR2E034 (5/00)

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: X SIGNATURE REQUIRED 9/14/00 314-275-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #