AJUI U IFURM BUSINESS RE UNI (UBA)

DOCUMENT # F9900003553

DREISS RESEARCH CORPORATION

Principal Place of Business

Mailing Address

May 14, 2001 8:00 am Secretary of State 05-14-2001 90041 041 ***150.00

300 International PKWY., Suite 184 Heathrow FL 32746	300 INTERNATIONAL PKWY SUITE 184 HEATHROW FL 32746								
2. Principal Place of Business / 20 NTERNATIONAL TRWY Suite, Apt. #, etc. SUITE J20 City & State	3. Mailing Address /20 /NTER/UX Suite, Apt. #, etc. \$UITE 2 2 City, & State	0		FEI Number		RITE IN THIS	S SPACE	Applied For	٦.
HEATHROW, FL	HEATH RO	W, FL			94-31409	46	1	lot Applicable	
32746 USA	32746	Country	5.	Certificate of	Status Desired		\$8.75 Ac Fee Requir		
6. Name and Address of Current	Registered Agent			Name and Ad	dress of New	Registered	Agent		1
LEFKOWITZ, IVAN M ESQ. 430 N. MILLS AVENUE ORLANDO FL 32803	. •	Street A	ddress (P.O. E	Box Number is	Not Acceptal	ole)			- - -
		City		****		FI	Zip Cod	de	1
8. The above named entity submits this statement for	the purpose of changing its re	eaistered office o	r registered ac	nent or both i	n the State of I				1
SIGNATURE Signature, typed or printed name of registered agent a 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.		Registered Agent signat	00	10. Election	n Campaign F			00 May Be	
(See criteria on back)	Make Check Payable	•		Trust F	und Contribut	ion. I	∐ Adde	d to Fees	ļ
11. OFFICERS AND I	DIRECTORS	12.	r:		ANGES TO OF			RS IN 11	1_
TITLE PC NAME DREISS, EDWARD W STREET ADDRESS 14 PENRYN AVENUE CITY-ST-ZIP CITY BEACH WA 6015 AUSTALIA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DREIS 7 B	S, ED PSCOM BENCH	WARD BE AV	W ENUE 6015	Change Aust	☐ Addition	F034 (10/00)
TITLE VPVC NAME LEONARD, ALLAN L III STREET ADDRESS CITY-ST-ZIP LAKE SAN MARCOS CA 92069	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>			Change	☐ Addition	CBO
TITLE SD VON WALDBURG, ARTHUR R STREET ADDRESS CITY-ST-ZIP LARKSPUR CA 94939	Delete,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 1				Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR