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Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90224 010 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10065991

DOCUMENT # F99000004399

1. Entity Name
INTERNATIONAL TECHNOLOGY CONSULTANTS, INC.

Principal Place of Business	Mailing Address
11440 OKEECHOBEE BLVD SUITE 215 ROYAL PALM BEACH, FL 33411	11440 OKEECHOBEE BLVD SUITE 215 ROYAL PALM BEACH, FL 33411

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14900 NORTH ROAD Suite, Apt. #, etc.	14900 NORTH ROAD Suite, Apt. #, etc.
City & State: LOXAHATCHEE, FL	City & State: LOXAHATCHEE, FL
Zip: 33470 Country: USA	Zip: 33470 Country: USA

4. FEI Number: 41-1845368 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARKS, ROY A
11440 OKEECHOBEE BLVD., SUITE 211
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
14900 NORTH ROAD

City: LOXAHATCHEE FL Zip Code: 33470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KHANNA, GOPAL K 8400 NORMANDALE LAKE BLVD., SUITE 920 MINNEAPOLIS, MN 55437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10261 YELLOW CIRCLE DR. #205 MINNETONKA, MN 55343
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V O'NEAL, ROBERT 8400 NORMANDALE LAKE BLVD., SUITE 920 MINNEAPOLIS, MN 55437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10261 YELLOW CIRCLE DR. #205 MINNETONKA, MN 55343
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR KEN EKMAN 10261 YELLOW CIRCLE DR. #205 MINNETONKA, MN 55343
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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ken R. Ekman 4/10/03 952-657-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #