

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90471 040 \*\*\*150.00

**DOCUMENT # F99000004754**

1. Entity Name  
**OCEAN DESIGN, INC.**

**00042611**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9 AVIATOR WAY ORMOND BEACH FL 32174	Mailing Address 9 AVIATOR WAY ORMOND BEACH FL 32174-2983
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2932709</b>	<b>APPLIED FOR</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>STRAUSS, JOHN</b> <b>9 AVIATOR WAY</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VOLLMAR, MICHAEL</b> <b>9 AVIATOR WAY</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>FOLVIG, JOHN</b> <b>9 AVIATOR WAY</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CLARK, GARY</b> <b>9 AVIATOR WAY</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BARLOW, STEWART</b> <b>9 AVIATOR WAY</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HIRSH, AUSTIN L</b> <b>30 SOUTH WACKER DRIVE</b> <b>CHICAGO IL 60606</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CAIRNS, JAMES</b> <b>9 AVIATOR WAY</b> <b>ORMOND BEACH, FL 32174</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TOTH, JOHN</b> <b>9 AVIATOR WAY</b> <b>ORMOND BEACH, FL 32174</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FOLVIG, JOHN</b> <b>9 AVIATOR WAY</b> <b>ORMOND BEACH, FL 32174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO, D</b> <b>STRAUSS, JOHN</b> <b>9 AVIATOR WAY</b> <b>ORMOND BEACH, FL 32174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REVELLE, WILLIAM</b> <b>2302 ORRINGTON AVENUE</b> <b>EVANSTON, IL 60201</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALTMAN, DONALD</b> <b>P.O. BOX 4005</b> <b>BELLEVUE, WA 98009</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: JOHN STRAUSS 4/27/00 904-673-3575  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)