2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006242

1. Entity Name

T-MASS SYSTEMS CORPORATION

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90127 021 ***158.75

Principal Place of Business	Mailing Address
1999 HIGHVIEW ROAD CORALVILLE IA 52241	1999 HIGHVIEW ROAD CORALVILLE IA 52241

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1100 5th St.	1100 5th St.
Suite, Apt. #, etc.: Suite 250	Suite, Apt. #, etc.: Suite 250
City & State: Coralville, IA	City & State: Coralville, IA
Zip: 52241 Country: USA	Zip: 52241 Country: USA

4. FEI Number 39-1876944 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 $150.00
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST LONG, C. SCOTT 1999 HIGHVIEW ROAD CORALVILLE IA 52241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST Long, C. Scott 1100 5th St. Suite 250 Coralville, IA 52241	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LONG, MARILYN 1999 HIGHVIEW ROAD CORALVILLE IA 52241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Long, Marilyn E. 1100 5th St. Suite 250 Coralville, IA 52241	☒ 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
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CR2E034 (9/99)

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: Marilyn E. Long Marilyn E. Long 03-02-00 319-351-4237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #