2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # F9900006300 INTELISTAE, INC. 03-21-2000 90016 041 ***150.00 Mailing Address Principal Place of Business 915 MIDDLE RIVER DRIVE. SUITE 111 915 MIDDLE RIVER DRIVE, SUITE 111 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 3. Mailing Address 2. Principal Place of Business 1000 S RODNEY PARHAM RD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 71-0703070 LITTLE ROCK AR Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 72204-2476 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees ΧX Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PCD TITLE Change ☐ Detete TITLE FRIEDMANN, MYRA F NAME NAME STREET ADDRESS STREET ADDRESS 1000 SOUTH RODNEY PARHAM ROAD CITY-ST-ZIP CITY-ST-ZIP LITTLE ROCK AR 72204-2476 ☐ Change ☐ Addition ☐ Delete TITLE JACK, CARL W NAME NAME 1000 SOUTH RODNEY PARHAM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF LITTLE ROCK AR 72204-2476 ☐ Change ☐ Addition ☐ Delete TITLE FRIEDMANN. RALPH J JR. NAME NAME 1900 SPRING ROAD, SUITE 515 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAK BROOK IL 60523 ☐ Change ☐ Addition ☐ Defete TITLE TITLE THOMPSON, R. REED NAME STREET ADDRESS 1000 SOUTH RODNEY PARHAM ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITTLE ROCK AR 72204-2476 Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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: Buch I han

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

una 3.15-00

(501)666-414

Daytime Phone #