2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

H29103 DOCUMENT #

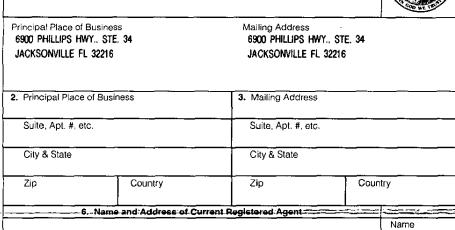


04-02-2003 90093 036 ***150.00

FILED

Apr 02, 2003 8:00 am Secretary of State

Entity Name TRIAD COMMUNICATIONS S	YSTEMS, INC.	
Principal Place of Business	Mailing Address	_



☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-2460300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent COWEN, ROSS W. Street Address (P.O. Box Number is Not Acceptable) 5220 RIVER PARK VILLA DR ST AUGUSTINE FL 32092 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 3 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PIT TITLE TITLE ☐ Addition Delete COWEN, ROSS W. NAME NAME STREET ADDRESS 5220 RIVER PARK VILLA DR STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME JENKINS, JACK E. NAME STREET ADDRESS 12425 FLYNN RD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition HARVIN, DENNIS C. NAME NAME STREET ADDRESS STREET ADDRESS 410 19TH STREET CITY-ST-ZIP CITY-ST-ZFP SAINT AUGUSTINE FL 32084 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP CITY-ST-ZIP 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 the 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 recover 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 rice empowered. Ross W. Cowen

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

☐ Defete

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■ Addition

Addition