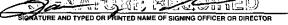
FILED

2002 Uniform Business Report (UBR)

Mar 18, 2002 8:00 am Secretary of State DOCUMENT # J26407 1. Entity Name 03-18-2002 90002 050 ***150 00 TIBCO, INC. Principal Place of Business Mailing Address 808 ANCHOR RODE DR. 808 ANCHOR RODE DR. NAPLES FL 33940 NAPLES FL 33940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2722073 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIBSTRA, LAWRENCE J Street Address (P.O. Box Number is Not Acceptable) 808 ANCHOR RODE DRIVE NAPLES FL 34103 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **VPD** TITLE Change ☐ Addition CR2E034 (9/01) ☐ Delete MACINO, EVELYN J NAME NAME **808 ANCHOR RODE DR** STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME TIBSTRA, LAWRENCE NAME STREET ADDRESS 808 ANCHOR RODE DR. STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE STD NAME TIBSTRA, SALLY JO NAME STREET ADDRESS 808 ANCHOR RODE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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



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