2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2001 8:00 am Secretary of State **DOCUMENT # K14202** 1. Entity Name STERLING RESEARCH GROUP, INC. 03-21-2001 90019 013 ***150.00 Principal Place of Business Mailing Address 600 1ST AVENUE N. 600 1ST AVENUE N. SUITE 200 SUITE 200 ST PETE FL 33701 ST PETE FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0042268 Not Applicable Ζiρ Country 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 NEUKAMM, JOHN B. Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BOULEVARD **SUITE #800 TAMPA FL 33602** City Zip Code 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, 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... - - 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, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change HAUEISEN, WILLIAM D. NAME NAME STREET ADDRESS 600 1ST AVE. N. #200 STREET ADDRESS CITY-ST-ZIP ST PETE FL 33701 CITY-ST-ZIP DTS Delete TITLE Change ☐ Addition HAUEISEN, JANICE I. NAME STREET ADDRESS 600 1ST AVE. N. #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST PETE FL 33701 TITI E □ Delete TITLE Change ☐ Addition WALSH, JOHN NAME NAME STREET ADDRESS 600 1ST AVE., N. #200 STREET ADDRESS CITY-ST-ZIP ST. PETE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME LISA H. ROHRER SIA LINNAEAN ST. STREET ADDRESS STREET ADDRESS

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 eath; that I am an officer or director of the corporation or the receiver or rustee 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

US.

11.

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TIT1 F

NAME

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02138

☐ Delete

☐ Delete

CAMBRIDGE, WA

☐ Change

Change

Addition

Addition