2001 UNIFORM BUSINESS REPORT (UBR)

000003497 AF

DOCUMENT # L00000004367

1. Entity Name

WETRAIN.NET, LLC

FILED

01 APR -6 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
WETRAIN.NET, LLC ~~ADVANCED TECHNOLOGY BUS. DEV. CTR AT TCC~~ ~~444 APPLEYARD DRIVE~~ 3240 Capital Circle SW TALLAHASSEE FL ~~32304-2895~~ 32310	WETRAIN.NET, LLC ~~ADVANCED TECHNOLOGY BUS. DEV. CTR AT TCC~~ ~~444 APPLEYARD DRIVE~~ 3240 Capital Circle, SW TALLAHASSEE FL ~~32304-2895~~ 32310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3240 CAPITAL CIRCLE, SW	3240 CAPITAL CIRCLE, SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FLORIDA	City & State: Tallahassee, FLORIDA
Zip: 32310-8723 Country: USA	Zip: 32310-8723 Country: USA

4. FEI Number: 59-3642031 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOCKWOOD, FRANK S DR ADVANCED TECHNOLOGY BUS. DEV. CTR AT TCC 444 APPLEYARD DRIVE TALLAHASSEE FL 32304-2895	Name: DR. FRANK S. Lockwood Street Address (P.O. Box Number is Not Acceptable): 3240 CAPITAL CIRCLE SW % WETRAIN.NET, LLC City: TALLAHASSEE **FL** Zip Code: 32310-8723

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: DR. FRANK S. LOCKWOOD — 2/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

400003996064--2
-04/12/01--01135--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KEVIN R. HARRINGTON 2832 WHITTINGTON TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT SUSAN HARRINGTON 2832 WHITTINGTON TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT FRANK S LOCKWOOD 505 EAST SIXTH AVE TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER STEVEN HUNTSBERGER 2755 EVERETT LANE TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER JULIE HUNTSBERGER 2755 EVERETT LANE TALLAHASSEE, FL 32312	☐ 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

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] — 2/28/01 — 850.521.8782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #