

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000013692

FILED
Aug 19, 2003
Secretary of State

Entity Name: COGON SYSTEMS, LLC

Current Principal Place of Business:

31 WEST GARDEN STREET
STE 100
PENSACOLA, FL 32501

New Principal Place of Business:

31 WEST GARDEN STREET
STE 100
PENSACOLA, FL 32502

Current Mailing Address:

31 WEST GARDEN STREET
STE 100
PENSACOLA, FL 32501

New Mailing Address:

31 WEST GARDEN STREET
STE 100
PENSACOLA, FL 32502

FEI Number: 59-3685122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, THOMAS F
31 WEST GARDEN STREET
STE 100
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

DAVID, ROBERT G
31 WEST GARDEN STREET
STE 100
PENSACOLA, FL 32502 US

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: ROBERT G. DAVID

08/19/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: CEO () Delete
Name: NGUYEN, HUY
Address: 4116 SPINAKER PLACE
City-St-Zip: PENSACOLA, FL 32507

Title: P () Delete
Name: LEHMANN, DALE
Address: 3220 KINGSMILL DR.
City-St-Zip: PACE, FL 32571

Title: CEO () Delete
Name: HSU, DAVID
Address: 9810 FLINTRIDGE COURT
City-St-Zip: FAIRPAX, VA 22032

Title: MGR () Delete
Name: DAVID, ROBERT
Address: 31 WEST GARDEN STREET STE 100
City-St-Zip: PENSACOLA, FL 32501

Title: MGR () Delete
Name: SHANHOLTZ, GERALD
Address: 31 WEST GARDEN STREET STE 100
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NGUYEN, HUY
Address: 510 E. GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32502

Title: MGR (X) Change () Addition
Name: LEHMANN, DALE
Address: 3220 KINGSMILL DR.
City-St-Zip: PACE, FL 32571

Title: MGR (X) Change () Addition
Name: HSU, DAVID
Address: 9810 FLINTRIDGE COURT
City-St-Zip: FAIRPAX, VA 22032

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT G. DAVID

MGR

08/19/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date