

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-21-2003 90029 021 ****50.00

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DOCUMENT # L02000014862 1. Entity Name NSIGHT TECHNOLOGIES, LLC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 274 COMMERCE PARK DR Suite, Apt. #, etc. SUITE D			3. Mailing Address P. O. BOX 3178 Suite, Apt. #, etc.		
City & State RIDGELAND MS		City & State RIDGELAND, MS		4. FEI Number 42-1536760	
Zip 39157		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION FL Zip Code 33324	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FEE IS \$50.00 Make Check Payable to Florida Department of State. DUE BY MAY 1					
9. MANAGING MEMBERS/MANAGERS					
TITLE MEMBER <i>President & Chief Exec. Off.</i> NAME R. DALE HUBBARD STREET ADDRESS P. O. BOX 3178 CITY - ST - ZIP RIDGELAND, MS 39158-3178			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE MEMBER <i>V. Pres. & Chief Techn. Off.</i> NAME KEITH LEVINE STREET ADDRESS P. O. BOX 3178 CITY - ST - ZIP RIDGELAND, MS 39158-3178			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE MEMBER <i>V. Pres. & Chief Sales Off.</i> NAME CHRISTOPHER ST. THOMAS STREET ADDRESS P. O. BOX 3178 CITY - ST - ZIP RIDGELAND, MS 39158-3178			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <i>[Signature]</i> 2/17/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

CR2E083B (12/02)