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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NSIGHT	TECHNOLOGIES,	LLC					
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	Place of Business MMERCE PARK DR	3. Mailing Address P. O. BOX	3178				
	Suite, Apt. #, etc. Suite, Apt. #				DO NOT WRITE	NO THIS SDA	CE
SUITE						11113 017	
City & Stat	te And MS	City & State RIDGELAND,	MS		4. FEI Number 42-1536760		Applied For Not Applicable
Zip	Country	Zip	Countr	y		\$5	.00 Additional
<u> 39157</u>	USA	39158	USA	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		e Required
	DO NOT WRITE IN T	HIS SPACE		.Name	. Name and Address of Current	Registered A	gent
	· · · · · · · · · · · · · · · · · · ·			CT CORPORATION SYSTEM			
		, • , •		Street Address	(P.O. Box Number is Not Acceptable) UTH PINE ISLAND	ROAD	
				City		-1 Z	Tip Code 33324
	<u></u>	<u> </u>	<u> </u>	PLANTAT			
	named entity submits this statement the obligations of registered agent.	it for the purpose of chang	ing its req	istered office or re	egistered agent, or both, in the Stat	e of Florida. I	am familiar with,
SIGNATURE							4
	Signature, typed or printed name of regist	ered agent and title if applica	ple.				DATE
				\$50.00	ja dibi d		
		Make Check Paya		orida Departme ' MAY 1	ent of State	•	
9.	MANAGING MEMBER	S/MANAGERS	1				
TITLE	MEMBER PRESiden	I + Chief	TITLE				**.
NAME	R. DALE HUBBARD	Elec.	}	1-			
STREET ADDRESS CITY - ST - ZIP	P. O. BOX 3178 RIDGELAND, MS	39158-3178	1 B ·	ET ADORESS			
TITLE		Chief Techn.					
NAME	KEITH LEVINE		NAME	÷1.			
STREET ADDRESS	P. O. BOX 3178	20150 2170	1	T ADORESS			
TITLE	RIDGELAND, MS MEMBER V. PRCS. ↓	39158-3178 Chief Sales Oh		ST - ZIP		 · · ·	
NAME	CHRISTOPHER ST.	THOMAS	NAME				
	P. O. BOX 3178	3:0:1-E:03:1-7:0		ET ADDRESS	DO NOT WRITE IN	THIC: CI	PACE
TITLE	RIDGELAND, MS	<u>39158=3178 </u>	TITLE		DO IAO I TAININE III	11110 01	
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NAME STREET ADDRESS CITY - ST - ZIP 11. I hereby cer information	rtify that the information supplied will indicated on this report is true and a fitte limited liability company or the i	h this filing does not quali accorate and that my sign sceiver or justee empow	TITLE NAME STREE 'CITY- Ty for the eature shall	ST - ZIP exemption stated in I have the same le	n Section 119.07(3)(I), Florida State agal effect as if made under oath; the as required by Chapter 608, Florida	rtes, I further t at I am a man Statutes.	certify that the laging member or
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