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SECRETARY OF STATE / TALLAHASSEE, FLORIDA

Daytime Phone #

DO NOT WRITE IN THIS SPACE

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L9700000342 1. Entity Name

WIND RIVER CONSULTING, L.C.

Principal Place of Business

Mailing Address

625 NORTH EISENHOWER DRIVE

2. Principal Place of Business

P.O. BOX AY

3. Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Suite, Apt. #, etc.

BECKLEY WV 25801

Suite, Apt. #, etc.

BECKLEY WV 25802-2847

City & State	9		City & State	City & State			4. FEI Number 54-1844678			
							34-104			t Applicable
Zip		Country	Zip 	Zip Country		5. Certificate of Status Desired Fee				litional d
6. Name and Address of Current Registered Agent						7. Name a	and Address of I	lew Registered	Agent	
					Name G	erald	A. Decho	w		
BAILY, JAY E							nber is Not Acce	otable)		
46 NORTH WASHINGTON BOULEVARD										
SUITE 13					3400	S. Ta	Mami Tra	al Suah	301	
SARASOTA FL 34236							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9
SAINGOIA EL 39230					54	irasotu		FL	Zip Code	39
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 .	1/1/	, 0		ERALD A	A. DECHOW 4-25-00					
	Signature, typed o	r printed name of registered ager	nt and title if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstating)	1	DATE		
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