| 2001  | UNI              | r        | KW BOSII   | AE2:                | 5 KEPU                       | KI            | (ORK)  |                     |   |                    |              |                                       |                                     |             |
|---|------------------|----------|--|---------------------|------------------------------|---------------|--|---------------------|---|--------------------|--------------|---------------------------------------|-------------------------------------|-------------|
| DOCU<br>1. Entity Nam   | ne               | L980000  |  |                     |                              | :             |  |                     |   |                    |              |                                       |                                     |             |
| NATIONAL EXECUTIVE PERSONNEL AND MARKETING GROUP  |                  |          |  |                     |                              |               |  |                     | FILED                                       |                    |              |                                       |                                     |             |
|   |                  |          | i<br>  |                     |                              |               |  |                     |   | AM 8:              | 47           |                                       |                                     |             |
| Principal Plac  | e of Busines     | s        | ,  | Mailing A           | iling Address                |               |  |                     | 01 JUL 31 AN 8 47                           |                    |              |                                       |                                     |             |
|   |                  |          |  |                     | 12734 KENWOOD LANE. SUITE 73 |               |  |                     | SECRETARY OF STATE TALLAHASSEE, FLORIDA     |                    |              |                                       |                                     |             |
| FORT MYERS  | S FL 33907-50    | 38       | 1  | FORT M              | IYERS FL 33907-5             | 638           |  | TALL                | AHASS                                       | EE. FLOR           | ייוען        |                                       |                                     |             |
|   |                  |          |  |                     |                              |               |  |                     |   |                    | :            | TEL <b>ata</b> nga an <b>ao</b> n ang | # 11 <b>810 1</b> 181 1 <b>11</b> 1 |             |
| 2. Principal P  | lace of Busin    |          | 3. Mailing Address                                   |                     |                              |               |  |                     |   |                    |              |                                       |                                     |             |
| Suite, Apt. #, etc.   |                  |          |  | Suite, Apt. #, etc. |                              |               |  |                     |   | DO NOT WE          | IITE IN THIS | S SPACE                               |                                     |             |
|   |                  |          |  | A                   | 07.0                         |               |  |                     |   |                    |              | ····                                  |                                     | _           |
| City & State  |                  |          |  | City & State        |                              |               |  | 4. FEI N            | lumber                                      | 65-0879            | 763          | <u> </u>                              | pplied For<br>ot Applicable         | _           |
| Zip Country   |                  |          | ountry   | Zip                 |                              |               | Country  |                     | ficate of S                                 | tatus Desired      |              | \$5.00 Ad                             | ditional                            |             |
|   | 6. Name          | and      | Address of Current Re                                | gistered /          | ed Agent                     |               |  | 7. Nam              | 7. Name and Address of New Registered Agent |                    |              |                                       |                                     | 4—          |
|   |                  |          |  |                     |                              |               | Name   |                     |   |                    |              |                                       |                                     | 1           |
| Thompson, Haskel<br>12734 Kenwood Lane, Suite 73  |                  |          |  |                     |                              |               | Street Address (P.O. Box Number is Not Acceptable) |                     |   |                    |              |                                       |                                     |             |
| FORT MYERS FL 33907-5638  |                  |          |  |                     |                              |               |  |                     |   |                    |              |                                       |                                     | -           |
|   |                  |          | l  |                     |                              |               | City   |                     | -   |                    | F            | Zip Cod                               | le                                  | -           |
| 8. The above  | named entit      | v sub    | mits this statement for the                          | a nuransa           | of changing ite              | rogietor      | od office or regis                                 | torod agent         | ar both in                                  | the State of F     |              | <u>-  </u>                            |                                     | 4           |
|   | Training office  | , 000    | THIS WILL STATE OF THE                               | ic purpose          | or changing its              | cgistere      | on the or the gra                                  | itered agent,       | or bour, in                                 | tile State Of F    | ionua.       |                                       |                                     | 1           |
| SIGNATURE _   | Signature, typed | or print | led name of registered agent and                     | title if applical   | ble. (NOTE                   | : Registered  | d Agent signature requ                             | ired when reinstati | ng)   |                    | DATE         |                                       |                                     | ļ           |
|   | FILE NO          |          |  |                     | W!!! 1                       | EE IS \$50.0  | 0  | 0.0                 |   | 452.               | 4290         | F                                     | 1                                   |             |
| 1   |                  |          | 1  | Make Check Paya     |                              |               | -  |                     | 1 00000000 01001 010                        |                    |              |                                       |                                     |             |
| 9.  |                  |          | MANAGING MEMBERS                                     | /MANIAGI            |                              | 3epter        | mber 26, 2001                                      |                     |   | *****<br>ADDITIONS | *50.00       |                                       | ¥50.00                              | 4           |
| TITLE   | MGR              |          |  | / WAINA             | Delete                       | TITLE         |  |                     |   | ADDITIONS          | ) CHANGE     | Change                                | Addition                            | ₹<br>€      |
| NAME THOMPSON, HASKEL STREET ADDRESS 12734 KENWOOD LANE, SUITE FORT MYERS FL 33907-5638 |                  |          |  | **                  |                              | NAM           |  |                     |   |                    |              |                                       |                                     | E083 (5/01) |
|   |                  |          |  | 73                  |                              |               | ET ADORESS<br>ST-ZIP                               |                     |   |                    |              |                                       |                                     |             |
| TITLE   |                  |          |  |                     | ☐ Delete                     | TITLE         |  |                     |   |                    |              | ☐ Change                              | Addition                            | 뜅           |
| NAME<br>STREET ADDRESS  |                  |          | l  |                     |                              | NAME<br>STREE | ET ADDRESS   |                     |   |                    |              |                                       |                                     |             |
| CITY-ST-ZIP   |                  |          |  |                     | Q. 1. 7 :                    |               | ST-ZIP   |                     |   | پو هري د           |              | - 1 F                                 |                                     | 1           |
| TITLE<br>NAME   |                  |          | •  |                     | ☐ Delete                     | TITLE         |  |                     |   |                    |              | ☐ Change                              | Addition                            |             |
| STREET ADDRESS  |                  |          |  |                     |                              |               | ET ADDRESS   |                     |   |                    |              |                                       |                                     |             |
| CITY-ST-ZIP   |                  |          | <del></del> ·  |                     |                              | -             | ST-ZIP   |                     |   |                    |              |                                       | _ <u>_</u>                          |             |
| TITLE<br>NAME   |                  |          |  |                     | ☐ Delete                     | TITLE         | i i  |                     |   |                    |              | ☐ Change                              | Addition                            | Ì           |
| STREET ADDRESS  |                  |          |  |                     |                              |               | ET ADDRESS   |                     |   |                    |              |                                       |                                     |             |
| CITY-ST-ZIP   |                  |          | <u></u>  |                     | □ B-1-4-                     | -             | ST-ZIP   |                     |   |                    |              |                                       | - Addition                          | -           |
| TITLE<br>NAME   |                  |          | ;<br>;   |                     | ☐ Delete                     | NAME          |  |                     |   |                    | ÷            | ☐ Change                              | Addition                            |             |
| STREET ADDRESS<br>CITY-ST-ZIP   |                  |          | •  |                     |                              |               | T ADDRESS  |                     |   |                    |              |                                       |                                     |             |
| TITLE   |                  |          | · · · · · · · · · · · · · · · · · · ·                |                     | ☐ Delete                     | TITLE         | ST-ZIP   |                     | <del>,</del>                                |                    |              | ☐ Change                              | Addition                            | -           |
| NAME  |                  |          |  |                     | Delete                       | NAME          |  |                     |   |                    |              | ∟ onange                              |                                     |             |
| STREET ADDRESS<br>City-St-Zip   |                  |          |  |                     |                              |               | T ADDRESS<br>ST-ZIP                                |                     |   |                    |              |                                       |                                     |             |
| 11. I hereby c  | ertify that the  | infor    | mation supplied with thi                             | s filing doe        | es not qualify for           | the exer      | notion stated in                                   | Section 119.0       | 7(3)(i), Fid                                | orida Statutes.    | I further ce | ertify that the ir                    | nformation                          | 1           |
| indicated (   | on this repor    | t is tri | ue and accurate and tha<br>he receiver or trustee er | it my signa         | ature shali have ti          | ne same       | legal effect as i                                  | f made under        | oath: that                                  | t Iam a mana       | ging memb    | oer or manage                         | r of the                            |             |

ACCUMED

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: SIGNATURE AND TYPED OR

7/6/0 / 94/- 93/-020 Date Daytime Phone #