

**AMENDED  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 SEP -3 PH 3:15

DOCUMENT # M11726  
1. Entity Name  
STC-SCAN PRINT CORP., INC.

400007666064--2  
-09/11/02--01055--012  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business  
1881 N.E. 26th Street, Suite 201  
Suite, Apt. #, etc.

3. Mailing Address  
1881 N.E. 26th Street, Suite 201  
Suite, Apt. #, etc.

City & State  
Wilton Manors, Florida

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Wilton Manors, Florida

Zip 33305 Country USA

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4. FEI Number 592530199 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Anderson, E.J.  
Street Address (P.O. Box Number is Not Acceptable)  
1881 N.E. 26th Street, Suite 201  
City Wilton Manors FL Zip Code 33305

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STD Anderson, E.J. 1881 N.E. 26th Street, Suite 201 Wilton Manors, Florida 33305	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Guldstrand, Ingvar 3430 Galt Ocean Drive, Apt 702 Fort Lauderdale, Florida	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: E. J. Anderson DIRECTOR Date: 8/30/2002 Daytime Phone: 954 5651937

jr 9/3/02