2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # M29046 May 01, 2000 8:00 am Secretary of State COMPUTERIZED INFORMATION CAREER SERVICES CORPORA 05-01-2000 90431 015 ***150.00 Principal Place of Business Mailing Address 195 CHADWICK RD 5951 BAYVIEW DRIVE TEANECK NJ 07666-4205 SUITE 209 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0365623 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHATTERTON, ADRIANE Street Address (P.O. Box Number is Not Acceptable) 5951 BAYVIEW DRIVE **SUITE 209** FT. LAUDERDALE FL 33308 Zip Code 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 DATÉ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F ☐ Addition TITLE □ Delete CHATTERTON, ADRIANE NAME NAME STREET ADDRESS STREET ADDRESS 5951 BAYVIEW DRIVE STE 209 CiTY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 Change ☐ Addition ☐ Delete TITLE TITLE CHATTERTON, KEITH NAME NAME STREET ADDRESS STREET ADDRESS 195 CHADWICK RD. CITY-ST-ZIE TEANECK NJ CITY-ST-ZIP Gerald Chatterton 195 Chadwick Posts Termeck NJ 07666 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this Ting 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 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 Block 12 if changed, or on an attachment with an address with all other like empowered. Garald Chaterton 4,