2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M80408

1. Entity Name

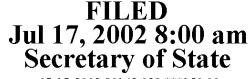
COMPUTER SYSTEMS ASSOCIATES, INC.

Principal Place of Business 1038 SHADY REST RD. HAVANA FL 32333

Mailing Address

1038 SHADY REST RD. HAVANA FL 32333

| 2. Principal Place of Business | 3. Mailing Address | | |
|--------------------------------|---------------------|--|--|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |



07-17-2002 90142 028 ***150.00



| City & State | | City & State | | DO NOT WRITE IN THIS SPACE | | |
|---|-----------------------------------|--------------|--------------------------|---|--|--|
| | | | | 4. FEI Number 65-0041341 | Applied For | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | Not Applicable \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| Patronis, and 1038 Shady Re Havana Fl 323 | est RD. | | Name Street Address City | ss (P.O. Box Number is Not Acceptable) | Zip Code | |
| The above name | d patitus automite this state and | | | | | |

submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition PATRONIS, ANNE L NAME STREET ADDRESS 1038 SHADY REST RD. STREET ADDRESS CITY-ST-ZIP HAVANA FL 32333 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME EGAN, ANITA L NAME STREET ADDRESS 2145 SANDPEPPLE COURT STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing 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

SIGNATURE:

CR2E034 (9/01)