FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #_{M95000000244} ALLSTAR KNOWLEDGE ENGINEERING, L.L.C., L.C 1a. Principal Place of Business Address 145 MALLARD POINTE DRIVE 145 MALLARD POINTE DRIVE PELHAM AL 35124 PELHAM AL 35124 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 3. Date Organized or Qualified 2. Principal Place of Business 3a. State of Formation 08/17/1995 AL4. FEI Number Applied For 63-1142699 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired S8 75 Additional Fee Required 04/29/1996 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. Zip Code City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ (Hegistered Agent Accepting Appeintment) (NOTE: Registered Agent signature required when reinstating) 10. Title Business Street Address City, State and Zip Code Managing Members/Managers BRETZ, BARTLETT G 901 ROBINS DRIVE MGR DIRMINGHAM AL MGR ALCAZAR, JOHN V 145 MALLARD POINTE DRIVE PELHAM AL STARK, BRUCE J MGR B527 TABORA DRIVE ANTIOCH CA ****203.75 ****203.75 11 I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

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