File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS calley -3 PH 5: 01 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SCHANNE Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # M98000000368** 1a. Principal Place of Business Address VERITEXT/FLORIDA REPORTING COMPANY, L.L.C C/O VERITEXT, L.L.C. C/O VERITEXT, L.L.C. -13-CHRISTOPHER AVE. 13 CHRISTOPHER-AVE. **KENDALL PARK NJ 08824** KENDALL PARK NJ 08824 3. Date Organized or Qualified | 3a. State of Formation 04/20/1998 DE 4. FEI Number Applied For 52-2094893 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. #, etc City Zip Code 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_. (Registered Agent Accepting Apparations): (NOTE: Registered Agent's greature required when remaining): 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGR SANDLER, MICHAEL F 13 CHRISTOPHER AVE. KENDALL -PARK-NJ To VERITEXT, LLC. 180 Mt. Airy Rd. Suite 204 Basking Ridge, NT 100002868450---**|**4 -05/07/99--01151--020 \*\*\*\*198.75 / \*\*\*\*198.75 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: ND TYPED OR FROMED NAME OF SIGNING MANAGING MEMBLIN OR MANAGER

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