2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBI**

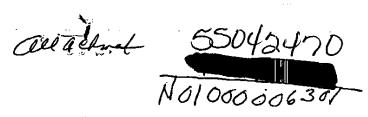
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9N R)	4	May 21, 2003 8:00 am Secretary of State
		04-28-2003 91423 001 ****61.25

DOCUMENT # N0100006301 INTERNATIONAL SOCIETY OF PELVIC NEURO MODULATION , INC. 55042470 Principal Place of Business Mailing Address C/O MATRIX MEETINGS INC C/O MATRIX MEETINGS INC PO BOX 1026 PO BOX 1026 ROCHESTER MN 55903-1026 ROCHESTER MN 55903-1026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 41-2019600 Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7." Name and Address of New Registered Agent - -Name WESTLING, DALE GISR Street Address (P.O. Box Number is Not Acceptable) 331 E UNION ST JACKSONVILLE FL 32202 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed nume of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5,00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE TITLE Change ☐ Addition Delete KERREBROECK, PHILIP V NAME NAME Steven Siegel, MD UNIVERSITY HOSPITAL PO BOX 5800 STREET ADDRESS STREET ADDRESS St. Paul, MN 55102 CITY-ST-ZIP MAASTRICHT, NETHLDS A70-6202 CITY-ST-ZIP vo Change TITLE Delete TITLE Addition SIEGEL, STEVEN NAME NAME Magdy Hassouna, MD, PhD STREET ADDRESS 280 N SMITH AVE STE 658 STREET ADDRESS 399 Bathurst St., 8th FL CITY-ST-ZIP-CITY-ST-ZIP SAINT-PAUL MN 55102 -Toronto, ON M5T 258 TITLE Change Addition ☐ Delete PETTIT, PAUL = --NAME NAME STREET ADDRESS 4500 SAN PABLO RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville Fl. 32244 TD TITLE TITLE KT Change ☐ Addition Delete HASSOUNA, MAGDY Michele Spinelli, MD NAME STREET ADDRESS STREET ADDRESS 399 BATHURST ST 8TH FLR Via Vittadini, 21 CITY-ST-7IP CITY-ST-7/P TORONTO, ON CANADA M5T- 2S8 Milano 20136 Italy Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



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