

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 30, 2004
Secretary of State**

DOCUMENT# N02000001366

Entity Name: MULTIPLIER, INC.

Current Principal Place of Business:

6712 MAGNOLIA COURT
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

6712 MAGNOLIA COURT
SOUTH MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 72-1520727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORTIN-MAGANA, GRACIELA
6712 MAGNOLIA COURT
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

FORTIN-MAGANA, GRACIELA M DR.
6712 MAGNOLIA COURT
SOUTH MIAMI, FL 33143 US

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: GRACIELA FORTIN-MAGANA 03/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORTIN-MAGANA, GRACIELA M DR.
Address: 6712 MAGNOLIA COURT
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: VP () Delete
Name: BORST, DANIEL J
Address: 6712 MAGNOLIA COURT
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: S () Delete
Name: BORST, DANIEL J
Address: 6712 MAGNOLIA COURT
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: D () Delete
Name: DIMINIC, IVANA
Address: DOBRI DOL 49/1
City-St-Zip: 10000 ZAGREB, - - CR

Title: D () Delete
Name: BIES, WILLIAM DR.
Address: 65 BROOKLINE STREET
City-St-Zip: CAMBRIDGE, MA 02139 US

Title: T () Delete
Name: FORTIN-MAGANA, GRACIELA M DR.
Address: 6712 MAGNOLIA COURT
City-St-Zip: SOUTH MIAMI, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BIES, WILLIAM DR.
Address: 217 PARK ENTRANCE DRIVE
City-St-Zip: PITTSBURGH, PA 15228 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACIELA FORTIN-MAGANA P 03/30/2004
Electronic Signature of Signing Officer or Director Date