2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# N02000008730

Entity Name: SILOAM GENERATIONS INC.

Current Principal Place of Business:

100 FAIRWAY TEN DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

100 FAIRWAY TEN DRIVE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 45-0494753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLEN-ADAMSKI, LISA
100 FAIRWAY TEN DRIVE
CASSELBERRY, FL 32707

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GLEN-ADAMSKI, LISA
Address: 100 FAIRWAY TEN DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: THOMAS, NEDENIA C
Address: 1019 EARLY
City-St-Zip: WINTER PARK, FL

Title: D ( ) Delete
Name: ROSS, ERNEST F REV.
Address: 2396 LYNN PLACE
City-St-Zip: ST. PETERSBURG, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: DEPALO, FRANK
Address: 100 FAIRWAY TEN DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D ( ) Change (X) Addition
Name: KARP, MARY M
Address: 316 MALLARD STREET
City-St-Zip: ALTAMONTE, FL 32714 US

Title: D ( ) Change (X) Addition
Name: DUIGNAN, TREVOR P
Address: 100 FAIRWAY TEN DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

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: LISA GLEN-ADAMSKI PD 04/28/2003

Electronic Signature of Signing Officer or Director — Date