1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N44891**

1. Corporation Name

TECHNOLOGY ENTRUST, INC.

Principal Place of Business

Mailing Address

1511 KASTNER PLACE SANFORD FL 32771 1511 KASTNER PLACE SANFORD FL 32771

## FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90101 024 \*\*\*\*61.25



2. Princ	Principal Place of Business				2a. Mailing Address						Date Incor 08/26/19		Qualifed					
Suite, Apt. #, etc.				1-01	Suite, Apt. #, etc.					4. FEI Number 59-3083509						App	ied For	
22				27	27											Not Applicable		
City & State				1	City & State						5. Certificate of Status Desire		nesired				ditional	
23					28					<u> </u>					Fe	e Req	uired	
Zip			Country		, ' — —			untry			6. Election Campaign Financing			\$5.00 May Be				
24		25		29	30 stered Agent						Trust Fund Contribution Add  10. Name and Address of New Registered Agent					ded to	Fees	
				10.	Name and	Address	of New I	Kegistered	Agent									
									81 Name									
GION, RICHARD G							82	Street Address (P.O. Box Number is Not Acceptable)										
1511 KASTNER PLACE							83					_						
SANFORD FL 32771							63	ļ										
								(	City .					FI	85	Zip C	ode	
44 6		!!	s of Sections 617.0502	) and (	217 1509 Florid	a Statutos	the above		amed como	ration	n submits th	nis stateme	ent for the	purpose o	of changing	na its r	egistered	
offic	e or registered	agent	, or both, in the State o	of Hori	ida. Such chang	e was autno	onzea by	une	e corporation	n's bo	pard of dire	tors. I her	eby acce	pt the appo	ointment	as reg	stered	
age	nt. I am familiai	with,	and accept the obligat	ions o	f, Section 617.0	503, Florida	Statutes	i.										
SIGNAT	TURE	nod or r	rinted name of registered agent	and title	if applicable	(NOTE: Rec	nistered Ager	nt sic	gnature required	when re	reinstating)			DATE				
12.	Signature, ty	ped or p	OFFICERS AN		_	(1.0.1)	13.				ADDITIONS	CHANGE	S TO OF	FICERS A	ND DIRE	CTOF	S IN 12	
TITLE	D				☐ DE	LETE	1.1 TITLE		[						Chi	ange	Addition	
NAME	WEMHO	WEMHOFF, URSULA					1.2 NAME											
STREET AD		THE MACRIED DIAGE							DRESS								ţ	
CITY-ST-Z	CANEO	SANFORD FL																
TITLE	D				DE	LETE	2.1 TITLE								Chi	ange	Addition	
NAME	PRESLI	Y, TI	HOMAS D.				2.2 NAME											
STREET AD									DORESS								j	
CITY-ST-Z	CANTO	SANFORD FL 2.							ZIP									
TITLE	D				☐ DE	LETE	3.1 TITLE			_ *					Chi	ange	Addition	
NAME	GION, I	RICH/	ARD				3.2 NAME											
STREET AD								T AD	DRESS									
CITY-ST-Z	P SANFO	SANFORD FL 32771					3.4. CITY-ST-ZIP								E-1 Vr	nnac	[ Addition	
TITLE					☐ DE	LETE	4.1 TITLE								Ch	anye	Addition	
NAME							4. 2 NAME		ļ									
STREET AL	DRESS						4.3 STREE		- 1									
CITY-ST-Z	IP					) ETE	4.4 CITY-5	T-ZI	IP .						□ Ch	ange	Addition	
TITLE					□ DE	LEIE	5.1 TITLE 5.2 NAME								니에	igo		
NAME							5.2 NAME 5.3 STREE	ТΔЭ	IDRESS									
STREET AL	ĺ						5.4 CITY-9											
CITY-ST-Z	IP	····				LETE	6.1 TITLE	. · · · ·	*						∏ Ch.	ange	Addition	
TITLE					<u> </u>	المرابير الأسد	6.2 NAME		1						د	· <b>o</b> -		
NAME							6.3 STREE	ТАП	YORESS									
	GEET ADURESS							CITY-ST-ZIP										
CITY, ST. 7	ip I						0.4 OH 1-3	, 1-4	.									

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed on on altigicity ment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/99 407-321-79/0

R2E037 (11/98)