2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 AM
Secretary of State

DOCUMENT# N93000004137

Entity Name: APPLIED SYSTEMS CLIENT NETWORK, INC.

Current Principal Place of Business:

801 DOUGLAS AVE
SUITE 205
ALTAMONTE, FL 32714

New Principal Place of Business:

Current Mailing Address:

801 DOUGLAS AVE
SUITE 205
ALTAMONTE, FL 32714

New Mailing Address:

FEI Number: 59-3206816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAFER, MITCHELL P
800 S ORLANDO AVE
SUITE 100
MAITLAND, FL 32751 US

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: VD ( ) Delete
Name: ANDERSON, PETER T
Address: 933 WEBSTER ST
City-St-Zip: MARSHFIELD, MA 020503481

Title: PPD ( ) Delete
Name: TAYLOR, TOM JR
Address: 3401 S. 19TH ST
City-St-Zip: TACOMA, WA

Title: PD ( ) Delete
Name: NULTY-BEALS, DANA
Address: PO BOX 19218
City-St-Zip: KALAMAZOO, MI 490190218

Title: ED ( ) Delete
Name: CULBERSON, GILDA M
Address: 801 DOUGLAS AVE., #205
City-St-Zip: ALTAMONTE, FL 32714

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANDERSON, PETER T
Address: 933 WEBSTER ST
City-St-Zip: MARSHFIELD, MA 020503481

Title: VP (X) Change ( ) Addition
Name: KINGHTEN, SALLIE
Address: 233 W COURT STREET
City-St-Zip: WOODLAND, CA 95695

Title: PPD (X) Change ( ) Addition
Name: NULTY-BEALS, DANA
Address: PO BOX 19218
City-St-Zip: KALAMAZOO, MI 490190218

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

Title: SECT ( ) Change (X) Addition
Name: DURLAND, STUART
Address: 13 OAKLAND AVE
City-St-Zip: WARWICK, NY 10090

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: GILDA M CULBERSON ED 01/09/2002

Electronic Signature of Signing Officer or Director — Date