2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000004106

Entity Name: TSIC, INC.

FILED Apr 11, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 50 N. LAURA STREET **SUITE 1238** JACKSONVILLE, FL 32202 **New Mailing Address: Current Mailing Address:** 50 N. LAURA STREET **SUITE 1238** JACKSONVILLE, FL 32202 FEI Number: 59-3331584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEMBERTON, DONALD P CHRISTIAN, MARCUS A 50 N.LAURA STREET 50 N.LAURA STREET SUITE #1238 SUITE #1238 JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 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: MARCUS A. CHRISTIAN 04/11/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition PEMBERTON, DONALD P Name: Name: % 50 N.LAURA ST. Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: COO () Delete Title: PD (X) Change () Addition CHRISTIAN, MARCUS A Name: CHRISTIAN, MARCUS A Name: Address: 50 N. LAURA ST. Address: 50 N. LAURA ST. JACKSONVILLE, FL 32202 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 Title: Title: () Change () Addition () Delete MORAN, PAT Name: Name: 100 N.W. 12TH AVE. Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33443 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JENKINS, HOWARD M Name: P.O. BOX 407 Address: Address: City-St-Zip: LAKELAND, FL 338020407 City-St-Zip: Title: () Delete Title: () Change () Addition AVERY, PAUL E Name: Name: 2202 N. WESTSHORE BLVD. Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: () Delete Title: () Change () Addition BANKHEAD, W.G. Name: Name: Address: 2737 CENTERVIEW DR., STE. #307 Address: TALLAHASSEE, FL 323993100 City-St-Zip: 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: MARCUS A. CHRISTIAN PD 04/11/2002