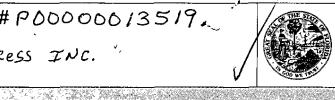
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P000000/3519.

1. Entity Name

EXPRESS INC. TOMAX



May 29, 2003 8:00 am Secretary of State 05-29-2003 90138 029 ***150.00

A Marian	DO NOT WRIT	E IN THIS S	SPAC	E			
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			<u>ට ඒ ර</u>	DO NOT WRITE IN THIS SPACE			Ξ
City & State		City & State JAY, FL,			4. FEI Number 59-3632563		Applied For Not Applicable
Zip 3250	65 Country USA	32565	Counti		5. Certificate of Status Desired		5 Additional Required
了					7. Name and Address of Current F	egistered Ager	nt
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				City	.2 A. BLANding eBURG	BLVd.	ip Code 3 1-0 68
	named entity submits this statemen ions of registered agent.	t for the purpose of changing	its registered		ed agent, or both, in the State of Flori	da. I am familiar	with, and accept
	the first of						
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (N	IOTE: Registered	Agent signature required	when reinstating)	DATE	
	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	of State			Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees
10.		ND DIRECTORS	We school			,1、11、11、11、11、11、11、11、11、11、11、11、11、1	arini dalah kan dalah kan kan ari
TITLE	PO MARTIN JOANN	o	TITLE				
NAME Street address City-St-Zip	P.O. BOX 233 TAY, FL. 325		NAME STREE CITY	T ADDRESS			
TITLE NAME	Wooton Malcolm		TITLE			A Common Palling Springer	
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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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: M