2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000013550

Entity Name: TRANSFLO ASP, INC.

Current Principal Place of Business:

4010 BOY SCOUT BLVD, SUITE 400
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4010 BOY SCOUT BLVD, SUITE 400
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3642736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BERLIN, LESLIE M	
Address:	4010 BOY SCOUT BLVD, #400	
City-St-Zip:	TAMPA, FL 33607	
Title:	VP	( ) Delete
Name:	JAGODZINSKI, TIMOTHY J	
Address:	4010 BOY SCOUT BLVD, #400	
City-St-Zip:	TAMPA, FL 33607	
Title:	VP	( ) Delete
Name:	HAWKINS, RUSSELL	
Address:	4010 BOY SCOUT BLVD, #400	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	COMER, GARY	
Address:	20875 CROSSROADS CIR, #100	
City-St-Zip:	WAUKESHA, WI 53186	
Title:	D	( ) Delete
Name:	SCHLEICHER, WILLIAM T	
Address:	20875 CROSSROADS CIR, #100	
City-St-Zip:	WAUKESHA, WI 53186	
Title:	D	( ) Delete
Name:	RABBAT, GUY	
Address:	16134 ROSE AVE	
City-St-Zip:	LOS GATOS, CA 95030	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. SCHLEICHER D 03/01/2002

Electronic Signature of Signing Officer or Director — Date