## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000014759 1. Intriviance 1. Intriviance 2-27-2002 90028 004 ***150.00  Participal Place of Business 1 Musing Address 2 Principal Place of Business 2 Musing Address 3 Musing Address 4 FE Muning 4 Per Muning 5 9-3824280  DO NOT Writte in This Stance  City A State  Copy A State  A FE Muning 5 9-3824280  DO NOT Writte in This State Address 5 8A TS Address 5 Regions	2002 UNIFORM BUSINESS REPORT (UBR)							FILED Feb 27, 2002 8:00 am				
Principal Plane of Business   3rth Windoor FOOT DRIVE   LINELAND R. 3800    3. Mailing Androque   Suite, April V. Mind   Suite, April V.								Secretary of State				
2. Principal Pard of Business  Suite. April. P. ello  City & State  City	DATA WAREHOUSE DISTRICT, INC.							02-27-	-2002 90028	004 ***150.	00	
LARELAND FL 38809  LARELAND FL 38809  LARELAND FL 38809  3. Mailing Address  Suite, Apr. F. elifo  Suite, Apr. F. elifo  Suite, Apr. F. elifo  Country  2. Principal Titles of Business  Cry & State  Cr	Principal Plac	ce of Business		Mailing Address								
Suite, Apt ii, etc.  City & State  City & St			E									
City & State  Ci	2. Principal F	Place of Business		3. Mailing Address				-  1   1   1   1   1   1   1   1   1   1				
Second   S	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
S. Certificate of Status Desired   Fee Required    T. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent    TALLAHASSEE FL 32301-2525   TALLAHASSEE FL 32301-2525   TALLAHASSEE FL 32301-2525    8. The above named entity submits this statement for the purpose of changing his registered define or registered agent, or both, in the State of Florida.  SIGNATURE   TALLAHASSEE FL 32301-2525   TALLAHASSEE FL 32301-2525    8. The above named entity submits this statement for the purpose of changing his registered office or registered agent, or both, in the State of Florida.  SIGNATURE   TALLAHASSEE FL 32301-2525   TALLAHASSEE FL 32301-2525    9. This corporation is eligible to safely this imangible   Takk fling requirement and aleast to do so    (See online) on back   Talk fling requirement and aleast to do so    (See online) on back   TallahASSEE FL 32300   TallahASSEE FL 323	City & State			City & State			4.	FEI Number <b>59-36</b> 2	24280	<b>⊢-+</b>		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  8. 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 Surviva, registered special active submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Surviva, registered special active submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Surviva, registered special active submits this intangible Tax filing equirement and elects to or so.  After May 1, 2002 Fee+with Tes \$550.00  After May 1, 2002 Fee+with Tes \$550.0	Zip	Country		Zip Cou		ry						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Several, types to greet name of registered signates agent and ties of applicable.  M. CHAELT, KEST Pross Learning Several office or registered agent, or both, in the State of Florida.  SIGNATURE Several, types to greet name of registered signates and ties of applicable.  M. CHAELT, KEST Pross Learning Several office or registered agent, or both, in the State of Florida.  The string requirement and elects to do so on back in the statisty its intangible and ties of applicable.  Tax filing requirement and elects to do so on back in the statisty its intangible.  After May 1, 2002 Fee-will ties \$550.00  Make Check Payable to Department of State  Till.  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  PROVIDE SITES ANDERS  SITES ANDE		6. Name and	Address of Current F	Registered Agent			7. 1	Name and Address o	f New Registere	d Agent		
Special Andreas   P.   Box Number is No. Acceptable   Destruct   Tallahassee Fl. 32301-2525   Support   Tallahassee Fl. 32301-2525						Name MICHI	wer I	Fast				
### Addition  #### Addition  ##### Addition  ###################################						Street Addr	ess (P.O. E	3ox Number is Not Ac	ceptable)			
8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Submits						Data	ware	1	mict, in	<u>C.</u>		
8. The above named ontity submits; this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    CHART J. FLST Prosiduat   Florida   Fl	FALLA HAGGLE FE GEGUTEGES					Cityche	land	a 1007 Er.	F			
SIGNATURE    Signature, types or printed name of regulated agent and little if applicable.   NOTE: Registered Agent gigbble are described in an interval product of the pro	8. The above	named entity su	bmits this statement for	the purpose of changing its	reaistere	d office or red	<u> </u>	ent, or both, in the Sta	ate of Florida.	1 7,700	<u> </u>	
Take fling requirement and elects to do so (See critical on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.   TITLE   PFEIST, MICHAEL   14.   MAKE STREET ADDRESS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.   TITLE   PFEIST, MICHAEL   14.   MICHAEL   14.   MINSED FOOT DRIVE   14.   TITLE   MAME STREET ADDRESS   17.   STREET ADDR	SIGNATURE MI CHAEL J. FEIST, President Feb. 13 2002								2			
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13. Thereby 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		and the same of		Lie Filtra de la constanta de			- O+41	110.07(0)(2) 51-11.0	hate days 1 ft office		form all	

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 11 or Block 12 if changed, or on an attachment with an address will all other like empowered.

SIGNATURE: