|    | F   | <b>ILI</b> | ED |      |    |
|----|-----|------------|----|------|----|
| pr | 02, | 200        | 2  | 8:00 | am |
|    |     |            |    | Stat |    |

| 1. Entity Nam  | ECTS, INC.   |   | 04-02-2002 90877 041 ***150.00           |                      |  |                            |                              |                |
|--|--|---|--|----------------------|--|----------------------------|------------------------------|----------------|
| Principal Place of Business Mailing Address  2400 G KENSINGTON PLACE 2400 G KENSINGTON ASHEVILLE NC 28803 ASHEVILLE NC 28803   |  |   | ACE                                      |                      |  |                            |                              |                |
|  | lace of Business  VCKAWAY DRIVE  #, etc.   | 3. Mailing Address 35 70 CK Suite, Apt. #, etc. | AWAY D                                   | RIVE                 | DO NOT WRITE IN THIS                                     |                            |                              |                |
|  | VILLE, NC  | City & State ASHEVILLE                          |  | 4.                   | FEI Number <b>59-3629510</b>                             | No                         | oplied For<br>ot Applicable  | ]              |
| Zip<br>2880  | Country  USA   | Z 8 8 0 3                                       | Country                                  | 5.                   | Certificate of Status Desired                            | \$8.75 Add<br>Fee Required |                              |                |
|  | 6. Name and Address of Current R   | egistered Agent                                 | Name                                     | 7.                   | Name and Address of New Registered                       | J Agent                    |                              |                |
| <br>  Keller, I  | AURA L   |   | 1  |                      |  |                            |                              |                |
|  | ITERWOOD CT  |   | Street A                                 | ddress (P.O. E       | Box Number is Not Acceptable)                            | <del></del>                |                              | -              |
| OCOEE F  | L 34761  |   |  |                      |  |                            | ļ                            |                |
|  |  |   | City                                     |                      | F  | Zip Code                   | э                            |                |
| 8. The above   | named entity submits this statement for  | the purpose of changing its i                   | registered office or                     | registered ag        | gent, or both, in the State of Florida.                  | <del></del> _              |                              |                |
|  |  |   |  |                      |  |                            |                              |                |
| SIGNATURE.   | Signature, typed or printed name of registered agent an  | d title if applicable. (NOTE                    | : Registered Agent signate               | ure required when re | einstating) DATE   |                            | }                            |                |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After May 1, 2002  Make Check Payable |  |   |  | 50.00                | 10. Election Campaign Financing Trust Fund Contribution. |                            | <b>0</b> May Be<br>I to Fees |                |
| 11.  | OFFICERS AND D   |   | 12.                                      |                      | L<br>DDITIONS/CHANGES TO OFFICERS AN                     | ND DIRECTORS               |                              |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>STONECYPHER, CHARLES L<br>2400 G KENSINGTON PLACE<br>ASHEVILLE NC 28803   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP    | 1                    | VCKAWAY DRIVE  | Change                     | Addition .                   | CR2E034 (9/01) |
| TITLE  | D  | □ Delete  | TITLE                                    | HSHE                 | VILLE, NC 28803  | Change                     | Addition                     | CR2            |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STONECYPHER, SUSAN T<br>2400 G KENSINGTON PLACE<br>ASHEVILLE NC 28803  |   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | 35 7                 | TUCKAWAY DRIVE   |                            |                              |                |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | A STATE OF THE STA | ☐ Delete  | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP |                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                  | Change                     | Addition                     | <br>           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |                      |  | ☐ Change                   | Addition                     |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |                      |  | Change                     | Addition                     |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |                      |  | ☐ Change                   | ☐ Addition                   | [              |
| 13 Lharaby a   | partify that the information expedied with the   | nia filina doon not qualify for                 | the everention stat                      | ad in Seption        | 110 07(2)(i) Florida Statutos I further o                | artific that the in        | formation                    | i              |

2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAY OFFICER OR DIRECTOR 828 651 9559 SIGNATURE: < Date Daytime Phone #