DOCUMENT # P0000036919

1. Entity Name

C3 ACQUISITION CORPORATION

Principal	Place of	Business
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Mailing Address

222 LAKEVIEW AVE., 17TH FLOOR W. PALM BEACH FL 33401

222 LAKEVIEW AVE., 17TH FLOOR

W. PALM BEACH FL 33401

2. Principal Place of Business

Gardens Corporate Center

3801 PGA Boulevard, Suite 555

Palm Beach Gardens, FL 33410

3. Mailing Address

Gardens Corporate Center

3801 PGA Boulevard, Suite 555



Palm Beach Gardens, FL 33410

REGSERV CORP.

6. Name and Address of Current Registered Agent

222 LAKEVIEW AVE., 17TH FLOOR W. PALM BEACH FL 33401

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

REGSERV CORP.

Gardens Corporate Center 3801 PGA Boulevard, Suite 555

Palm Beach Gardens, FL 33410

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: REGSERV CORP.

Lawrence J. Diapond, Vice President

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D P T Michael E. Schultz TITLE Delete TITLE SCHULTZ, MICHAEL E NAME NAME 2830 Long Meadow Drive STREET ADDRESS 2830 LONG MEADOW DR STREET ADDRESS CITY-ST-ZIP W. Palm Beach, FL 33414 W. PALM BEACH FL 33414 CITY-ST-ZIP TITLE Delete TITLE Patrick J. DiSalvo NAME NAME Gardens Corporate Center STREET ADDRESS STREET ADDRESS 3801 PGA Boulevard, Suite 555 CITY-ST-ZIP CITY-ST-ZIP Palm Beach Gardens, FL 33410 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 trusfee 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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

Patrick J. DiSalvo JAN 2. 9. 2001 (Sul) 430 - 5055 SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE President