2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000066245

Entity Name: DHI SOLUTIONS, INC.

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

Current P	rincipal Place of Business:	New Principal Place of Business:
	SOUTH CLEVELAND AVE. S, FL 33907	15148 WILES DRIVE CAPTIVA, FL 33924
Current N	lailing Address:	New Mailing Address:
	SOUTH CLEVELAND AVE. S, FL 33907	
FEI Number	: 65-1024521 FEI Number Applie	d For() FEI Number Not Applicable() Certificate of Status Desired()
Name and	d Address of Current Registered	Agent: Name and Address of New Registered Agent:
CAPTIVA, The above	LES DRIVE FL 33924	ent for the purpose of changing its registered office or registered agent, or both,
SIGNATU		
SIGNATU	RE:Electronic Signature of Re	gistered Agent Date
This corpor	Electronic Signature of Regation is eligible to satisfy its Intangible	Tax filing requirement and elects to do so (X).
This corpor Election Ca	Electronic Signature of Re	Tax filing requirement and elects to do so (X).
This corpor Election Ca OFFICER Title: Name: Address:	Electronic Signature of Requation is eligible to satisfy its Intangible mpaign Financing Trust Fund Contribu	Tax filing requirement and elects to do so (X). tion ().
This corpor Election Ca	Electronic Signature of Regation is eligible to satisfy its Intangible mpaign Financing Trust Fund ContribuS AND DIRECTORS: D () Delete DEFALCO, ROBERT 305 LINCOLN DRIVE	Tax filing requirement and elects to do so (X). tion (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address:
This corpor Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Regation is eligible to satisfy its Intangible mpaign Financing Trust Fund Contributes AND DIRECTORS: D () Delete DEFALCO, ROBERT 305 LINCOLN DRIVE VOORHEES, NJ 08043 US PTSD () Delete HEDLEY, HUGH W 15148 WILES DRIVE	Tax filing requirement and elects to do so (X). tion (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: HUGH W. HEDLEY PTSD 05/01/2002