## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000074827

Entity Name: CONEXUS TECHNOLOGIES, INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4602 W BA TAMPA, FL					
Current Ma	ailing Addre	ss:	New Mailing Addre	New Mailing Address:	
4602 W BA TAMPA, FL					
FEI Number:	59-3683627	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
DECOSMC 4602 W BA TAMPA, FL	Ý CT AVE . 33611	submits this statement for the num	noco of obanging its registers	and affice or registered agent, or both	
in the State		submits this statement for the pur	pose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Agent		Date	
		to satisfy its Intangible Tax filing requir	ement and elects to do so (X).		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:			Title:		
Name: Address: City-St-Zip:	D ( DECOSMO, B 4602 W BAY ( TAMPA, FL 33	CT AVE	Name: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	SWAIN, PAUL 121 KIANA DR	₹	Title: Name: Address:	( ) Change ( ) Addition	
City-St-Zip:	BRANDON, FL	. 33511	City-St-Zip:		
Title: Name: Address: City-St-Zip:	BLALOCK, RO	ERING HOLLOW DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PAQUETTE, C 3924 17TH ST		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( CONROY, RO 2044 URSULII ACWORTH, G	NE WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: BRIAN DECOSMO CFO 04/29/2002