2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 12, 2002 8:00 am § Secretary of State DOCUMENT # P00000085034 1. Entity Name RATINGSOURCE, INC. 05-12-2002 90572 044 ***150.00 Principal Place of Business Mailing Address 958-A ORANGE AVE 958-A ORANGE AVE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3674877 Not ApplicableZip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUKDARIAN & UNCAPHER, P.A. Street Address (P.O. Box Number is Not Acceptable) 228 HILLCREST STREET ORLANDO FL 32801 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete President - P TITLE ☐ Change Addition NAME PICKER, ROGER NAME Roy Watson STREET ADDRESS 719 TERRA PLACE 1911 Stonehurst Rd STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PELKA, JOHN NAME STREET ADDRESS 8725 KENMURE COVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32836 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME GRANGER, GARY NAME STREET ADDRESS 309 NORTH LANSING SQUARE STE 115 STREET ADDRESS CITY-ST-71P LANSING MI 48909 CITY-ST-ZIP TITLE President ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS tonehurst Road STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-☐ Delete TITLE ☐ Change - ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 embowered 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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