2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Secretary of State DOCUMENT # P00000100678 1. Entity Name 03-31-2002 90333 026 ***150.00 FIRST ADVANTAGE, INC. Principal Place of Business Mailing Address 3700 NORTHWEST 88TH AVENUE 6289 WEST SUNRISE BOULEVARD **SUITE 276 UNIT 108** SUNRISE FL 33313 SUNRISE 33 351 3. Mailing Address 2. Principal Place of Business SI South State 9259 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Planjal Sunasse 4. FEI Number Applied For City & State City & State 65-1050107 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required U.SA 4.SA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 33351 City 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. 03-11-02 Fo Cunning クマールーロマ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE ☐ Change TIRE □ Delete Scinton udith C NAME NAME CUNNINGHAM, ALLAN G CR2E034 STREET ADDRESS STREET ADDRESS **6289 WEST SUNRISE BOULEVARD** 9259 NW 54 51 CITY-ST-7IP CITY-ST-7IP SUNRISE FL 33313 Addition Delete TITLE Change TITLE Donawan wait NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS - STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change DTLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

FILED Mar 31, 2002 8:00 am