FILED

03 DEC 10 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111612

1. Entity Name
TIER SYSTEMS, INC.

100025387741
12/10/03--01034--007 **61.25

Principal Place of Business	Mailing Address
10097 CLEARY BLVD., PMB 273 PLANTATION, FL 33324	10097 CLEARY BLVD., PMB 273 PLANTATION, FL 33324

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4737 N Ocean Dr	4737 N. Ocean Dr
Suite, Apt. #, etc. #103	Suite, Apt. #, etc. #103
City & State Ft. Lauderdale Fl	City & State Ft. Lauderdale, Fl
Zip 33306 Country USA	Zip 33306 Country USA

4. FEI Number
65-1059859
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, HOLLY 1380 MIAMI GARDENS DR., STE. 256 N. MIAMI BEACH, FL 33181	Name Ronny J Halperin Street Address (P.O. Box Number is Not Acceptable) 312 SE 17th St 2nd Fl City Ft Lauderdale FL Zip Code 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee Will Be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeffrey A. Davis 4737 N. Ocean Dr #103 Ft. Lauderdale, Fl 33306 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Randy Epstein 4737 N. Ocean Dr #103 Ft. Lauderdale, Fl 33306 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12/03/03 954-308-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #