

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000114883
 1. Entity Name
 Navigy Holdings, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4800 Deerwood Campus Pkwy. Suite, Apt. #, etc. Bldg. 100, 7th Floor City & State Jacksonville, Florida		3. Mailing Address 50 N. Laura Street Suite, Apt. #, etc. Suite 2800 City & State Jacksonville, Florida	
Zip 32246-8273	Country USA	Zip 32202	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 593688054		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Jolly, Arezou C.

Street Address (P.O. Box Number is Not Acceptable)
4800 Deerwood Campus Pkwy, Bldg. 100, 7th FL

City
Jacksonville

State
FL

Zip Code
32246-8273

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	D/C	TITLE	
NAME	L. Joseph Grantham	NAME	
STREET ADDRESS	4800 Deerwood Campus Pkwy	STREET ADDRESS	
CITY - ST - ZIP	Jacksonville, Florida 32246	CITY - ST - ZIP	
TITLE	P	TITLE	
NAME	Nicklas E. Stamatogiannaki	NAME	
STREET ADDRESS	4800 Deerwood Campus Pkwy	STREET ADDRESS	
CITY - ST - ZIP	Jacksonville, Florida 32246	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	Arezou C. Jolly	NAME	
STREET ADDRESS	4800 Deerwood Campus Pkwy	STREET ADDRESS	
CITY - ST - ZIP	Jacksonville, Florida 32246	CITY - ST - ZIP	
TITLE	T	TITLE	
NAME	Robert Wall	NAME	
STREET ADDRESS	4800 Deerwood Campus Pkwy	STREET ADDRESS	
CITY - ST - ZIP	Jacksonville, Florida 32246	CITY - ST - ZIP	
TITLE	AS	TITLE	
NAME	William A. Schwennesen	NAME	
STREET ADDRESS	4800 Deerwood Campus Pkwy	STREET ADDRESS	
CITY - ST - ZIP	Jacksonville, Florida 32246	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	R. Chris Doerr	NAME	
STREET ADDRESS	4800 Deerwood Campus Pkwy	STREET ADDRESS	
CITY - ST - ZIP	Jacksonville, Florida 32246	CITY - ST - ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Arezou C. Jolly Arezou C. Jolly 1-23-2002 (904) 905-6024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment
DOC# P00000114883

823235

NAMES AND ADDRESSES OF ADDITIONAL DIRECTORS

DIRECTOR

ADDRESS

Michael Cascone, Jr.

4800 Deerwood Campus Parkway
Jacksonville, Florida 32246-8273

Bruce N. Bagni

4800 Deerwood Campus Parkway
Jacksonville, Florida 32246-8273

Dr. Robert Lufrano

4800 Deerwood Campus Parkway
Jacksonville, Florida 32246-8273