

02-25-2002 90036 036 ***150.00

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

DOCUMENT # P0000115995
1. Entity Name
 Navigy, Inc. ✓

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823265

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

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| | | | |
|--|--|---|--|
| 4. FEI Number 593688055 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | |
|-----------------------------------|--|--|----|
| DO NOT WRITE IN THIS SPACE | | 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 | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|--|---|
| 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 |
|--|--|---|

| 11. OFFICERS AND DIRECTORS | | | |
|----------------------------|---------------------------------|----------------|--|
| TITLE | D/C L. Joseph Grantham | TITLE | |
| NAME | 4800 Deerwood Campus Pkwy | NAME | |
| STREET ADDRESS | Jacksonville, Florida 32246 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | P Nicklas E. Stamatogiannaki | TITLE | |
| NAME | 4800 Deerwood Campus Pkwy | NAME | |
| STREET ADDRESS | Jacksonville, Florida 32246 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | S Arezou C. Jolly | TITLE | |
| NAME | 4800 Deerwood Campus Pkwy | NAME | |
| STREET ADDRESS | Jacksonville, Florida 32246 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | T Robert Wall | TITLE | |
| NAME | 4800 Deerwood Campus Pkwy | NAME | |
| STREET ADDRESS | Jacksonville, Florida 32246 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | AS William A. Schwennesen | TITLE | |
| NAME | 4800 Deerwood Campus Pkwy | NAME | |
| STREET ADDRESS | Jacksonville, Florida 32246 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D R. Chris Doerr | TITLE | |
| NAME | 4800 Deerwood Campus Pkwy | NAME | |
| STREET ADDRESS | Jacksonville, Florida 32246 | STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **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# P00000115995

823265

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 |
| <u>Dr. Robert Lufrano</u> | <u>4800 Deerwood Campus Parkway</u> <u>Jacksonville, Florida 32246-8273</u> |

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