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FILED Jun 19, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT: (UBR)

Secretary of State P01000007106 DOCUMENT # 05-27-2002 90335 016 ***150.00 1. Entity Name UTILITY SAVINGS EXPRESS, INC. Principal Place of Business Mailing Address 10829 NASHVILLE DRIVE 10829 NASHVILLE DRIVE COOPER CITY FL 33026 COOPER CITY FL 33026 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 5-10683 Not Applicable \$8.75 Additional Country Zip Country Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE-CORAL GABLES FL 33134 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. 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Channe (9/01 Delete TITLE TITLE NAME HITTNER, ROBERT M NAME CR2E034 STREET ADDRESS 10829 NASHVILLE DRIVE STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33026 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE HAAG, MIYAKO NAME NAME STREET ADDRESS 10829 NASHVILLE DRIVE STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33026 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Chance ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 the properties of the corporation or a strategraphy with an address, with all other like empowered.

CICNIATURE

GNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ROBERTM. HITHER

4/30/02

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Daytime Phone #