FILED Aug 25, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** P01000017135 08-15-2002 90046 047 ***150.00 PORTAL TECHWARE, INC. Principal Place of Business 42082 Mailing Address 128 REECE PARK LANE 128 REECE PARK LANE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVERS, HARRISON Street Address (P.O. Box Number is Not Acceptable) 128 REECE PARK LANE TALLAHASSEE FL 32301 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent aignature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (4/02) ☐ Delete TITLE Change ☐ Addition RIVERS, HARRISON NAME STREET ADDRESS 128 REECE PARK LANE STREET ADDRESS CR2E034 CITY-ST-ZIP TALLAHASSEE FL 32301 TITLE ☐ Delete TITLE ☐ Addition NAME EVERETT, STEPHEN F NAME STREET ADDRESS 603 FULTON ROAD F-53 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME RIVERS, HARRISON T-STREET ADDRESS 1530 PAULA DRIVE STREET ADDRESS CITY-ST-7/P TALLAHASSEE FL 32303 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 of allify indicated on this report or supplemental report is true and accurate and the of the corporation or the receiver or fustee empowered to execute this rechanged, or on an attachment with an address, with all other like ompower. or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director t as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

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Hech many 42082 4 PO1000017/35

August 10, 2002

Department of State Uniform Business Report Filings P.O. Box 1500 Tallahassee, FI 32302-1500

As an officer of Portal Techware, Inc a Florida Subchapter S corporation, I would like to request that the late fee be waived. We did not receive a notice prior to the current one received in late July. I have included a check for the \$150.00 filing fee as instructed.

If any other information is needed I can be contacted at the address below.

Sincerely,

Harrison W. Rivers

Portal Techware, Inc. 128 Reece Park Lane Tal;lahassee, Fl 32301 (850) 877-0067 SARHWR@CS.COM