FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

BAA'CA

Jan 30, 2002 8:00 am P01000070241 DOOUMENT # **Secretary of State** 01-30-2002 90063 032 ***150.00 WESTPORT CAPITAL MANAGEMENT CORPORATION Principal Place of Business Mailing Address 301 YAMATO RD., STE. 2200 301 YAMATO RD., STE, 2200 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 06-1305-960 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MITCHELL, MARK H Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO RD., STE. 2200 **BOCA RATON FL 33431** 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01 President + Director Addition ☐ Defete ☐ Change TITLE TITLE NAME Kzepezynski, mark NAME STREET ADDRESS 301 YAMATO MOAL, STEZZOO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA KATON, FC 33431 ☐ Delete TITLE TITLE Change ☐ Addition ca President NAME NAME STREET ADDRESS STREET ADDRESS IAMATO ROAL, STE 2200 CITY-ST-ZIP CITY-ST-ZIP KATTON, FC 33451 ☐ Change ☐ Addition ☐ Delete TITLE TITLE unsumer 4 Director NAME NAME Tefft, E. Lyndon STREET ADDRESS STREET ADDRESS 301 YAMATO KOAD, STE ZEOD CITY-ST-ZIP CITY-ST-ZIP BOCH KATON, FC 33431 ☐ Change Addition TITLE Secretary + Director David m. Kozak ☐ Delete TITLE NAME NAME STREET ADDRESS KOAd, 576 2200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 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 changed, or on an attachment with an address, with all other like empowered.