9/1:

## 2002 UNIFORM BUSINESS REPORT, (UBR)

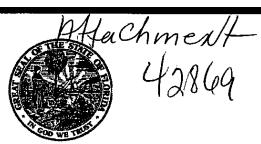
## FILED Sep 23, 2002 8:00 am Secretary of State

P01000114271 DOCUMENT # 09-11-2002 90080 005 \*\*\*150.00 1. Entity Name FULFILLMENT INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 42869 12116 NW 9TH PLACE 10 VANS AVENUE **COLDWATER MI 49036 CORAL SPRINGS FL 33071** 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 Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAMILTON, ROY D Street Address (P.O. Box Number is Not Acceptable) 12116 NW 9TH PLACE CORAL SPRINGS FL 33071 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information s indicated on this report or suppleme

1. I hereby certify that the information supplies with this right 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 supplementary port is type 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 pusted 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 pusted empty and 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 within address further than 11 and 12 if the corporation of the receiver of of the rece

SIGNATURE:

NO TYPED ON EMPTY DE DAME OF SKONING OFFICER ON DIRECTOR V. D. HAM: LEW 9-10-0 - ONLY IN



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

September 13, 2002

FULFILLMENT INTERNATIONAL CORPORATION 12116 NW 9TH PLACE CORAL SPRINGS, FL 33071

Subject: FULFILLMENT INTERNATIONAL CORPORATION

Reference Number:

P01000114271

ANNUAL REPORTS SECTION