

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000115718

FILED
Apr 23, 2003
Secretary of State

Entity Name: SJP TECHNOLOGY COMPANY

Current Principal Place of Business:

50 N. LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202

Current Mailing Address:

50 N. LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202

New Principal Place of Business:

245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202

New Mailing Address:

245 RIVERSIDE AVENUE
SUITE 500--ATTN: LEGAL DEPT.
JACKSONVILLE, FL 32202

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAX CO.
50 N. LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202

Name and Address of New Registered Agent:

PAINE, LAWRENCE
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202

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: LAWRENCE PAINE

04/23/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS () Change (X) Addition
Name: WHITLATCH, SUSAN G
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: DP () Change (X) Addition
Name: REGAN, MICHAEL N
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: DV () Change (X) Addition
Name: SOLOMON, STEPHEN W
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Change (X) Addition
Name: PAINE, LAWRENCE
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN G. WHITLATCH

AS

04/23/2003

Electronic Signature of Signing Officer or Director

Date