2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003
Secretary of State

DOCUMENT# P02000125317

Entity Name: 1ACCORD SOLUTIONS, INC.

Current Principal Place of Business:

11107 BELFAIR COURT
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

11107 BELFAIR COURT
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 05-0542365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, SIDNEY E
11107 BELFAIR COURT
JACKSONVILLE, FL 32256

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WELLS, SIDNEY E
Address: 11107 BELFAIR COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: WELLS, SIDNEY E
Address: 11107 BELFAIR COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: WELLS, MARVIN C
Address: 12029 CRANEFOOT DR
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: WELLS, SIDNEY E
Address: 11107 BELFAIR COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS (X) Change ( ) Addition
Name: WELLS, RUPAL P
Address: 11107 BELFAIR COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SIDNEY E. WELLS DPT 03/24/2003

Electronic Signature of Signing Officer or Director — Date