

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90417 048 ***150.00

DOCUMENT # P04977
 1. Entity Name
MANAGED ACCESS RISK CORPORATION

Principal Place of Business Mailing Address
7301 NORTH 16TH STREET, SUITE #201 **7301 NORTH 16TH STREET, SUITE #201**
PHOENIX AZ 85020 **PHOENIX AZ 85020**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **62-1176288** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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) DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **BOGLE, GEORGE E**
 STREET ADDRESS **916 CAPITAL OF TEXAS HWY S**
 CITY-ST-ZIP **AUSTINE TX 78746**

TITLE **S** ☐ Delete
 NAME **SARA, WENDY**
 STREET ADDRESS **7301 N 16 ST #201**
 CITY-ST-ZIP **PHOENIX AZ 85020**

TITLE **CFOT** ☐ Delete
 NAME **WEINBERGER, RICHARD**
 STREET ADDRESS **916 SOUTH CAPITAL OF TEXAS HIGHWAY**
 CITY-ST-ZIP **AUSTIN TX 78746**

TITLE **VPD** ☐ Delete
 NAME **BOGLE, G. MICHAEL**
 STREET ADDRESS **7301 N 16 STREET #201**
 CITY-ST-ZIP **PHOENIX AZ 85020**

TITLE **P** ☒ Delete
 NAME **MCDERMOTT, TOM**
 STREET ADDRESS **916 SOUTH CAPITAL OF TEXAS HWY**
 CITY-ST-ZIP **AUSTIN TX 78746**

TITLE **VP** ☐ Delete
 NAME **MILLS, KELLY**
 STREET ADDRESS **7301 N. 16TH ST., STE. 201**
 CITY-ST-ZIP **PHOENIX AZ 85020**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
Vacant

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 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.

SIGNATURE: Wendy Sara **SIGNATURE REQUIRED** Wendy Sara 5/13/02 (602) 371-3860
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)