2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003
Secretary of State

DOCUMENT# P07828

Entity Name: QUALITY CARRIERS, INC.

Current Principal Place of Business:

3802 CORPOREX DRIVE
TAMPA, FL 33619

New Principal Place of Business:

3802 CORPOREX PARK DRIVE
TAMPA, FL 33619 US

Current Mailing Address:

3802 CORPOREX DRIVE
TAMPA, FL 33619

New Mailing Address:

3802 CORPOREX PARK DRIVE
TAMPA, FL 33619 US

FEI Number: 36-2590063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASAK, ROBERT
3802 CORPOREX DRIVE
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

KASAK, ROBERT
3802 CORPOREX PARK DRIVE
TAMPA, FL 33619 US

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: _____ 01/17/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FINKBINER, THOMAS L
Address: 3802 CORPOREX
City-St-Zip: TAMPA, FL 33619

Title: S ( ) Delete
Name: KASAK, ROBERT R
Address: 3802 CORPOREX DR
City-St-Zip: TAMPA, FL 33619

Title: VPT (X) Delete
Name: FARNSWORTH, DENNIS
Address: 3802 CORPORATE PARK DRIVE
City-St-Zip: TAMPA, FL 33619

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FINKBINER, THOMAS L
Address: 3802 CORPOREX PARK DRIVE
City-St-Zip: TAMPA, FL 33619 US

Title: S (X) Change ( ) Addition
Name: KASAK, ROBERT R
Address: 3802 CORPOREX PARK DR
City-St-Zip: TAMPA, FL 33619 US

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

Title: VP/T ( ) Change (X) Addition
Name: HENSLEY, SAMUEL
Address: 3802 CORPOREX PARK DRIVE
City-St-Zip: TAMPA, FL 33619 US

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: ROBERT KASAK S 01/17/2003
Electronic Signature of Signing Officer or Director — Date