FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am **DOCUMENT # P26002** Secretary of State 1. Entity Name SYBRA, INC. 04-09-2001 90069 019 ***158.75 Principal Place of Business Mailing Address 9255 TOWNE CENTRE DRIVE, STE. 600 9255 TOWNE CENTRE DRIVE, STE. 600 SAN DIEGO CA 92121 SAN DIEGO CA 92121 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE _ City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. STE. 508 SUITE 508 **MIAMI FL 33156** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CFO TITLE ☐ Delete Addition CR2E034 (10/00) STEELE, RAYMOND FRETER, GLEN V. NAME NAME C/O SYBRA, INC. 9255 TOWNE CENTRE DR., STREET ADDRESS STREET ADDRESS SAN DIEGO CA 92121 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE '0-CEO/C ☐ Change Delete SCOTT, TIMOTHY BICKS, JOHN NAME NAME 780 THIED AVE 43ED FLOOR C/O SYBRA, INC. 9255_TOWNE CENTRE DR., STREET ADDRESS STREET ADDRESS NEW YDER, NH 10017 CITY-ST-ZIP SAN DIEGO CA 92121 CITY-ST-ZIP CO-CEO/C DEECHSLER, RUBERT TITLE Delete Delete TITLE ☐ Change 'Addition GOTZ, DAVID A NAME NAME C/O SYBRA, INC. 9255 TOWNE CENTRE DR., 780 THED WE 43RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IP SAN DIEGO CA 92121 CITY-ST-ZIP NEW VIDER, NY 10017 TITLE ☐ Delete TITLE ☐ Change Addition ROBINSON, CARL D KALLINS, BRUCE M. NAME NAME STREET ADDRESS C/O SYBRA, INC. 9255 TOWNE CENTRE DR., STREET ADDRESS 237 PARK AVE., STE.900 CITY-ST-ZIP SAN DIEGO CA 92121 CITY-ST-7IP IEW YDEK, NY 10017 PDC TITLE Addition Delete TITLE ☐ Change ARABIA, JAMES R CEGNAR, RONALD W. NAME NAME C/O SYBRA, INC. 9255 TOWNE CENTRE DR., STREET ADDRESS STREET ADDRESS 1208 SHEFFIELD PL. CITY-ST-ZIP SAN DIEGO CA 92121 CITY-ST-ZIP LEXINGTON, KV. 40509-2034 TITLE Change TITLE ☐ Delete ☐ Addition NAME FRETER, GLEN V NAME STREET ADDRESS C/O SYBRA, INC. 9255 TOWNE CENTRE DR., STREET ADDRESS SAN DIEGO CA 92121 CITY-ST-7IP

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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

(858) 587-8534