2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 29, 2002 8:00 am DOCUMENT # **Secretary of State** P28722 02-25-2002 90077 021 ***150.00 COM-NET SOFTWARE SPECIALISTS, INC. Principal Place of Business Mailing Address 3728 BENNER ROAD 3728 BENNER ROAD MIAMISBURG OH 45342 MIAMISBURG OH 45342 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 31-1142683 Not Applicable Zip Country Country \$8.75 Additiona 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 it 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, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition CR2E034 (9/01) ☐ Change Mordechai Yanai 3728 Benger Rd WALKER, ROSEMARY NAME NAME STREET ADDRESS **3728 BENNER ROAD** STREET ADDRESS CITY-ST-ZIP MIAMISBURG OH 45342 CITY-ST-ZIP Mianisbura οH 45342 TITLE ☐ Delete Change ☐ Addition NAME **GEVA, ELIE** NAME STREET ADDRESS 3728 BENNER RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMISBURG OH 45342 TITLE ☐ Delete ☐ Change Addition NAME MICHAELS, DAVID NAME STREET ADDRESS 3728 BENNER RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMISBURG OH 45342 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED