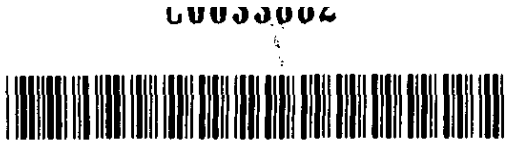


2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90084 019 ***150.00

DOCUMENT # P28747
Entity Name
CARLSON DESIGN/CONSTRUCT CORP.
CARLSON IMPLEMENTATION ASSOCIATES, INC.
Principal Place of Business
CONCORD ST
FLOOR
MA 01701
Mailing Address
959 CONCORD ST
2ND FLOOR
FRAMINGHAM MA 01701-4682
US



Principal Place of Business
17210 CAMPBELL RD.
Suite, Apt. #, etc.
Suite 260
City & State
DALLAS TX
Zip
75252
Country
US
3. Mailing Address
17210 CAMPBELL RD.
Suite, Apt. #, etc.
SUITE 260
City & State
DALLAS TX
Zip
75252
Country
US

4. FEI Number 04-2263398
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	VTD JOHNSON, WILLIAM R 959 CONCORD ST 2ND FLOOR FRAMINGHAM MA 01701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17210 CAMPBELL RD., # 260 DALLAS, TX 75252
ADDRESS ST-ZIP	VPD HUNTER, DANIEL 959 CONCORD ST 2ND FLOOR FRAMINGHAM MA 01701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17210 CAMPBELL RD., # 260 DALLAS, TX 75252
ADDRESS ST-ZIP	S KRAUSS, STEPHEN E 959 CONCORD ST 2ND FLOOR FRAMINGHAM MA 01701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY MICHAEL ROSEN 17210 CAMPBELL RD., # 260 DALLAS, TX 75252
ADDRESS ST-ZIP	PD FRASER, WILLIAM B 959 CONCORD ST 2ND FLOOR FRAMINGHAM MA 01701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17210 CAMPBELL RD., # 260 DALLAS, TX 75252
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 2/24/00 (972) 250-3972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #