2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90336 017 ***150.00

DOCUMENT # P39347

1. Entity Name
LCS CORRECTIONS SERVICES, INC.

Principal Place of Business	Mailing Address
147 EASY ST LAFAYETTE LA 70506 US	147 EASY ST LAFAYETTE LA 70506 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1161535 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOTTLIEB & GOTTLIEB, P.A. ~~2753 S.R. 580, #204~~ ~~CLEARWATER FL 34621~~	Name Street Address (P.O. Box Number is Not Acceptable): 2475 ENTERPRISE RD, STE. 100 City CLEARWATER FL Zip Code 33763

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: DIRECTOR DATE 4-9-02
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 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: VP NAME: LEBLANC, PATRICK L. STREET ADDRESS: 147 EASY ST CITY-ST-ZIP: LAFAYETTE LA ☐ Delete	TITLE: PRESIDENT NAME: STREET ADDRESS: CITY-ST-ZIP: ☒ Change ☐ Addition
TITLE: VP NAME: LEBLANC, MICHAEL W. STREET ADDRESS: 147 EASY ST CITY-ST-ZIP: LAFAYETTE FL ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: NAME: EVANS, JAMES B. STREET ADDRESS: ~~2551 SUNSET POINT~~ CITY-ST-ZIP: ~~CLEARWATER FL~~ ☐ Delete	TITLE: CHAIRMAN NAME: STREET ADDRESS: 2475 ENTERPRISE, #300 CITY-ST-ZIP: CLEARWATER, FL 33763 ☒ Change ☐ Addition
TITLE: SECRETARY NAME: RICHARD GOTTLIEB STREET ADDRESS: 2475 ENTERPRISE #100 CITY-ST-ZIP: CLEARWATER, FL 33763 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☒ Addition
TITLE: TREASURER NAME: ALBERT ROHRBAUGH STREET ADDRESS: 80 ROGERS ST, PH-A CITY-ST-ZIP: CLEARWATER, FL 33756 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☒ Addition
TITLE: VP NAME: JERRY GOTTLIEB STREET ADDRESS: 2475 ENTERPRISE #100 CITY-ST-ZIP: CLEARWATER, FL 33763 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☒ Addition

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 REQUIRED Vice Pres. 4-9-02 727-791-1977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)