FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044745 (6)

1. Corporation Name

~~YDEAS CONSULTING, INC.~~ Ydeas, Inc.

Principal Place of Business	Mailing Address
513 HART ST TALLAHASSEE FL 32301	513 HART ST TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/24/1993	07/28/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-3236898 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOUTO, ISLARA B 513 HART ST. TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~COB~~	1.1 TITLE	500001401235 -05/09/95--01110--004 ****200.00 ****200.00
NAME	~~BOIXADOS, MARIA~~	1.2 NAME	
STREET ADDRESS	~~2504 BEN CT~~	1.3 STREET ADDRESS	
CITY ST ZIP	~~TALLAHASSEE FL 32303~~	1.4 CITY ST ZIP	
TITLE	~~BM,~~	2.1 TITLE	☑ Change ☐ Addition
NAME	~~SOUTO, ERSAID~~	2.2 NAME	
STREET ADDRESS	~~1732 CROWDER RD.~~	2.3 STREET ADDRESS	
CITY ST ZIP	~~TALLAHASSEE FL 32303~~	2.4 CITY ST ZIP	
TITLE	~~P~~ President, CEO	3.1 TITLE	President, CEO ☑ Change ☐ Addition
NAME	SOUTO, ISLARA B	3.2 NAME	
STREET ADDRESS	513 HART ST.	3.3 STREET ADDRESS	→
CITY ST ZIP	TALLAHASSEE FL 32301	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	Chief Operating Officer (C.O.O.) ☐ Change ☑ Addition
NAME	~~Stephan L. Linn, Ph.D~~	4.2 NAME	Stephan L. Linn, Ph.D.
STREET ADDRESS		4.3 STREET ADDRESS	513 Hart Street
CITY ST ZIP		4.4 CITY ST ZIP	Tallahassee, FL 32301
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	5/1/95 NB
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] (Islara B. Souto) April 2, 1995 904 222-2177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026707 CP