2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# P93000088502

Entity Name: CNP SOLUTIONS, INC.

Current Principal Place of Business:

8948 WESTERN WAY
STE - 10
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8948 WESTERN WAY
STE - 10
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3218487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: MCAFEE, DWAYNE L
Address: 8948 WESTERN WAY STE 10
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: KESSINGER, WILLIAM
Address: 8948 WESTERN WAY STE 10
City-St-Zip: JACKSONVILLE, FL 32256

Title: V ( ) Delete
Name: DORNBLASTER, J. STUART
Address: 8948 WESTERN WAY STE 10
City-St-Zip: JACKSONVILLE, FL 32256

Title: S ( ) Delete
Name: GREENWALT, STEVEN D
Address: 8948 WESTERN WAY STE 10
City-St-Zip: JACKSONVILLE, FL 32256

Title: S ( ) Delete
Name: REEDY, ROBERT
Address: 8948 WESTERN WAY STE 10
City-St-Zip: JACKSONVILLE, FL 32256

Title: V ( ) Delete
Name: STOCKDALE, BARRY
Address: 8948 WESTERN WAY STE 10
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: DORNBLASER, J. STUART
Address: 8948 WESTERN WAY STE 10
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. STUART DORNBLASER V 04/30/2002

Electronic Signature of Signing Officer or Director Date