--- 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

Principal Place of Business

DELRAY BEACH FL 33444

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

1100 LINTON BLVD

STE C9

P94000032174

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

BLDG 1

1000 MARKET STREET

PORTSMOUTH NH 03801

1. Entity Name

TRUMAN MANAGEMENT CORPORATION

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90520 028 ***150.00

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CHECK HERE IF	MAKIN	NG CHANGES		
4. FEI Number		Applied For		
65-0487974		Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional Fee Required		
7. Name and Address of New Registered Agent				
O Day Nigerbasia New Assessability				

DATE

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Street Address (P.O. Box Number is Not Acceptable)		
	City FL Zip	Code	
3. The above named entity submits this statement for the purpose of changing its registere	d office or registered agent, or both, in the State of Florida. I am familiar	with, and accept	

Country

the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME WALSH, MARK STREET ADDRESS STREET ADDRESS 1100 LINTON BLVD STE C9 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE D NAME NAME WALSH, MICHAEL STREET ADDRESS STREET ADDRESS 1100 LINTON BLVD STE C9 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME WALSH, WILLIAM STREET ADDRESS STREET ADDRESS ONE CATE ST STE 3 CITY-ST-ZIP CITY-ST-ZIP PORTSMOUTH NH ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 received or triestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach

SIGNATURE: