

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90010 025 ***150.00

DOCUMENT # P94000051480

1. Entity Name
RUSSTECH LANGUAGE SERVICES, INC.

| | |
|---|---|
| Principal Place of Business 1338 VICKERS DRIVE TALLAHASSEE FL 32303 US | Mailing Address 1338 VICKERS DRIVE TALLAHASSEE FL 32303 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3254589 | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| LAUNER, MICHAEL K 1913 SAGEWAY DR TALLAHASSEE FL 32303 | | | | Name | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | | | | FL | Zip Code |
| | | | | | | | | | |

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 _____ DATE _____
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. <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|--------------------------|--|---|--|---|
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAUNER, MICHAEL K | | NAME | | |
| STREET ADDRESS | 1913 SAGEWAY DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | | CITY-ST-ZIP | | |
| TITLE | CPD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG MARILYN J | | NAME | | |
| STREET ADDRESS | 1913 SAGEWAY DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAUNER TARA L | | NAME | | |
| STREET ADDRESS | 1919 WELCH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINTON, BETH JOELLE | | NAME | | |
| STREET ADDRESS | 1116 EAST MCCARTY STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | JEFFERSON CITY MO | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, EUNICE C | | NAME | | |
| STREET ADDRESS | 125 N HILLSIDE ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32803 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEABORN, CYNTHIA A | | NAME | | |
| STREET ADDRESS | 3108 ELWOOD TRAIL | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | | CITY-ST-ZIP | | |

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: Marilyn Young **1-31-02** **850-9811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)