Feb 06, 2002 8:00 am Secretary of State 202-06-2002 90040 047 ****

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071582 1. Entity Name CHASE-HARRISON, INC. Principal Place of Business Mailing Address

	NCOURSE 5TH FL SLANDS FL 33154		1140 KANE CONCOURSE 5TH FLOOR BAYHARBOR ISLANDS FL 33154 US 3. Mailing Address			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				
City & State		City & State	City & State			
Zip	Country	Zip	Country			
	6. Name and Address of Cu	rrent Registered Agent				

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City & State City & State City & State City & State Country Country Country Country Country Country Country Country S. Certificate of Status Desired City S. Certificate of Status Desired S. Certif	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
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SILVERS, ROBERT 1140 KAME: CONCOURSE 5TH FLOOR BAY HARBOR ISLANDS FL 33154 City FL Zip Code		6. Name and Address of Current Re	egistered Agent		7. N	Name and Address of New Regist	ered Agent		
1140 KANE CONCOURSE 5TH FLOOR BAY HARBOR ISLANDS FL 33154 8. The above named entity submits this statement for the purcose of changing its registered effice or registered agent, or both, in the State of Florida. SIGNATURE Synatur, speed or predict are of registered vigers and trial applicable. 9. This corporation is eligible to satisfy its Intanguble. Tax fling requirement and elects to do so. (See criteria on back). 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. THE NAME STREET ADDRESS CITY-S1-2P THE NAME SIRET ADDRESS CITY-S1-2P THE NAME		-		Name			_		
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B. 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 Synature, speed or printed name of registered agent and late 1 appraisable (NOTE Registered Agent agresses required when remoting). OATE	סאו האה	DON ISLANDS FE 33 134							
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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:

5- 864-7531