2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

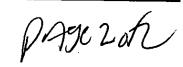
DOCUMENT # P94000094058 FILE 1. Entity Name GEOVERSE, INC. 03 MAR 10 AM 9:52 Principal Place of Business Mailing Address SECRETALY OF STATE 555 SAWGRASS CORPORATE PARKWAY 555 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325 SUNRISE FL 33325 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0543457 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>CORPORATION SERVICE COMPANY</u> POLTORACK, RONALD D Street Address (P.O. Box Number is Not Acceptable) 555 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325 1201 HAYS STREET Zip Code 32301 TALLAHASSEE 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. I am familiar with, and accept the obligations of registered Brian Courtney Asst. V. Pros (NOTE: Registered Agent signature required when reinstating) **SIGNATURE** nt and title if applicable Signature FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PTD** TITLE TITLE X Delete ☐ Change X Addition Rudolph John Lehman 417,54 St NAME BALLOCK, GEORGE P NAME STREET ADDRESS 853 SOUTH WIND CIRCLE STREET ADDRESS CITY-ST-ZIF SUNRISE FL 33326-2133 CITY-ST-ZIP MARIETTA, OHIO 45750 **▼** Delete TITLE SDV TITLE Change Change Addition John F. Spisak 27819 State Route7 NAME POLTORACK, RONALD D NAME STREET ADDRESS 555 SAWGRASS CORPORATE PARKWAY STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33325 CITY-ST-ZIP MARIETTA, OHIO 45750 TITLE ☐ Delete TITLE ☐ Change Addition . MARK KNOWE NAME NAME Route 6, Box 305 Collins Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Marietta, OH1045750 TITLE ☐ Delete TITLE ☐ Change **X** Addition John A. Walsh NAME NAME STREET ADDRESS STREET ADDRESS *i* Rivercrest CITY-ST-ZIP CITY-ST-ZIE lienna, West Virginia 26105 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 500013730965 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

like empowered

changed, or on an attachment with

CR2E034 (10/02)





ACCOUNT NO. : 072100000032

REFERENCE : 959912

7370596

AUTHORIZATION ~

COST LIMIT

ORDER DATE: March 10, 2003

ORDER TIME : 11:12 AM

ORDER NO. : 959912-005

CUSTOMER NO: 7370596

CUSTOMER: John A. Walsh

Alliance Industries, Inc. Reno Industrial Complex 27811 State Route 7 Marietta, OH 45750

CHANGE OF AGENT

NAME: GEOVERSE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: