

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 FEB 22 PM 3:14

DOCUMENT # 095000018502
1. Entity Name
RUSSER'S INC.

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2. Principal Place of Business <u>429 S. ATLANTIC BLVD</u>		3. Mailing Address <u>2233 TECHNICAL PKWAY</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u># 13</u>	
City & State <u>FORT LAUDERDALE, FL</u>		City & State <u>CHARLESTON, SC</u>	
Zip <u>33316</u>	Country <u>US</u>	Zip <u>29406</u>	Country <u>US</u>

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4. FEI Number <u>58-2261103</u>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>THE PRENTICE HALL CORPORATION SYSTEM INC.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1201 HAYS ST., 105</u>			
City <u>TALLAHASSEE</u>		FL	Zip Code <u>32301</u>

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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. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <u>C. P. D. T.</u>	NAME <u>TORIAS, CHARLES S.</u>	TITLE	NAME
STREET ADDRESS <u>P.O. BOX 626 KINGSTON ROAD TOWN TORTOLA, BVI</u>	CITY- ST- ZIP <u>5, D.</u>	STREET ADDRESS	CITY- ST- ZIP
TITLE <u>S. D.</u>	NAME <u>DE VOS, LLOYD, % HILL, BETSY NASH LLP</u>	STREET ADDRESS	CITY- ST- ZIP
STREET ADDRESS <u>99 PARK AVE., 20TH FLOOR</u>	CITY- ST- ZIP <u>NEW YORK, NY 10016</u>	STREET ADDRESS	CITY- ST- ZIP
TITLE <u>D.</u>	NAME <u>FLYNN, JIM</u>	TITLE	NAME
STREET ADDRESS <u>17084 VILLAGE LANE</u>	CITY- ST- ZIP <u>DALLAS, TX</u>	STREET ADDRESS	CITY- ST- ZIP
TITLE <u>D.</u>	NAME <u>JACKSON, JAMES M. % GENERAL PALMER HOTEL</u>	TITLE	NAME
STREET ADDRESS <u>552-A MAIN STREET</u>	CITY- ST- ZIP <u>DURANGO, CO 81301</u>	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP

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[Handwritten Signature]

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] KENT L. TENNENHAUT 1/29/2002 (284) 494-2467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)