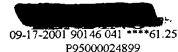
2001 UNIFORM B



AME DOCUMENT # P95000024899 1. Entity Name FILED TELECOMMUNICATIONS SYSTEM SOLUTIONS, INC 01 OCT 15 PM 3 05 Principal Place of Business
3135 39th Avenue No. -Mailing Address SECRETARY OF STATE 3135 39th Avenue No. Suite 1 Suite 1 TALLAHARNING 54(99)A St. Petersburg, FL 33713 St. Petersburg, FL 33713 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3308052 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'Connor. Patrick M. Esquire
Street Address (P.O. Box Number is Not Acceptable) O'Connor, Patrick M., Esquire Patel, Moore & O'Connor, P.A. O'Connor & Associates 2240 Belleair Road, Suite 160 2240 Belleair Road, Suite 160 Clearwater, Florida 33764 Zip Code City Clearwater 33764 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (11/00) TITLE TY Change TITLE Delete MAME NAME Paetzold, Kimber L. Paetzold, Kimberly L. STREET ADDRESS STREET ADDRESS 6430 62nd Avenue North CITY-ST-ZIP CITY-ST-ZIP Pinellas Park, FL 33781 Addition TITLE Delete TITLE Change NAME NAME Paetzold, John R. STREET ADDRESS STREET ADDRESS 6430 62nd Avenue North CITY-ST-ZIP CITY-ST-ZIP Pinellas Park, FL 33781 TITLE. De ete -TITLE ---· Chance · NAME NAME DeJarnette, M. Sue -- -STREET ADDRESS STREET ADDRESS 3135 39th Avenue North, Suite 1 CITY-ST-ZIP CITY-ST-2IP St. Petersburg, Florida 33713 TITLE ☐ Change ☐ Addition TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SIMBER L. PAETZOLD