

- 2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90163 016 ***150.00

DOCUMENT # P95000040056

1. Entity Name
TRANSEND CORPORATION

| | |
|--|--|
| Principal Place of Business 1240 US HWY 1 STE 3 ROCKLEDGE, FL 32955 US | Mailing Address 1240 US HWY 1 STE 3 ROCKLEDGE, FL 32955 US |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business P.O. BOX 33222 Suite, Apt. #, etc. | 3. Mailing Address P.O. BOX 33222 Suite, Apt. #, etc. |
|---|---|

| | |
|---------------------------------|---------------------------------|
| City & State INDIALANTIC, FL | City & State INDIALANTIC, FL |
|---------------------------------|---------------------------------|

| | | | |
|--------------|----------------|--------------|----------------|
| Zip 32903 | Country USA | Zip 32903 | Country USA |
|--------------|----------------|--------------|----------------|

| | |
|-----------------------------|--|
| 4. FEI Number 59-3361304 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

A0066985

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE MACHADO, GILBERTO | <input type="checkbox"/> Delete |
| NAME MACHADO, GILBERTO | |
| STREET ADDRESS RUA DRACJOAOLINACIO, 1165 | |
| CITY-ST-ZIP PORTO ALEGRE, BRAZIL | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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)(l), 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: *Don Landin* **DON LANDIN, GEN'L MGR** 4/22/01 321-223-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)