APR-30-01 MON 04:59 PM NICHOLSON HOUSE.OFFICEDC

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
04-18-2001 90045 041 ***150.00

DOCUMENT # P95000059595

1. Entity Name
TCW & CGG, INC.

Principal Place of Business	Mailing Address
1012 OSCEOLA AVE., NORTH CLEARWATER FL 33755 US	1012 OSCEOLA AVE., NORTH CLEARWATER FL 33755 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3329371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUGGLES, THOMAS W 603 INDIAN ROCKS ROAD BELLEAIR FL 34616	Name: Scott Swope Street Address (P.O. Box Number is Not Acceptable): 1245 Court St Ste 102 Clearwater City FL Zip Code 33756

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 Scott B. Swope - attorney DATE 4-30-01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCELL, JANET E 1012 OSCEOLA AVE., NORTH CLEARWATER FL 33755 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Janet E Purcell 4-11-01 727-449-8006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #