2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # P95000061595 1. Entity Name OUTSOURCE SOLUTIONS INC. 05-12-2000 90079 017 ***150.00 Mailing Address Principal Place of Business 335 LAKE CREST COURT 335 LAKE CREST COURT FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326-3525 2. Principal Place of Business 3. Mailing Address 335 Lake Crest Court 335 Lake Crest Court Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Weston, FL Applied For City & State 4. FEI Number 65-0599669 Weston, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33326 33326 USA-USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ellen B. Rodney RODNEY, ELLEN B Street Address (P.O. Box Number is Not Acceptable) 335 Lake Crest Court 335 LAKE CREST CT FT LAUDERDALE FL 33326 Zip Code 33326 Weston 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4/27/2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 11. 12. P.D Ellen B. Rodney 335 Lake Crest Court CK 151/039 TITLE ☐ Delete ★ Change Addition RODNEY, ELLEN B NAME STREET ADDRESS Weston, Florida 33326 STREET ADDRESS % 335 LAKE CREST COURT CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33326 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 an address with all other like empowered.

Ellen B. Rodney, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/27/00

Date

954 384-1746

Daytime Phone #