

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087035

1. Entity Name

SUN CAPITAL ADVISORS INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

5200 TOWN CENTER CIRCLE

3. Mailing Address

5200 TOWN CENTER CIRCLE

Suite, Apt. #, etc.

SUITE #470

Suite, Apt. #, etc.

SUITE #470

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. FEI Number

65-0624186

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

PETER F. SOUZA
ASSISTANT SECRETARY

11/10/01

DATE

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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. T. D LEDER, MARC
STREET ADDRESS	5200 TOWN CENTER CIRCLE, #470
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V. S. D KROUSE, RODGER R.
STREET ADDRESS	5200 TOWN CENTER CIRCLE, #470
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. M. TERRY, CLARENCE E.
STREET ADDRESS	5200 TOWN CENTER CIRCLE, #470
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. CALHOUN, KEVIN
STREET ADDRESS	5200 TOWN CENTER CIRCLE, #470
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. KALB, MICHAEL
STREET ADDRESS	5200 TOWN CENTER CIRCLE, #470
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. ASST. SECRETARY COUCH, C. DERYL
STREET ADDRESS	5200 TOWN CENTER CIRCLE, #470
CITY-ST-ZIP	BOCA RATON, FL 33486

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:

Marc Leder

10/31/01

561-394-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

FILED

01 NOV -5 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2001 AMENDED

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CR2E034 (11/00)

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VICE PRESIDENT
M. Steven Liff
5200 Town Center Circle, Suite 470
Boca Raton, FL 33486

VICE PRESIDENT
Jason Neimark
5200 Town Center Circle, Suite 470
Boca Raton, FL 33486

VICE PRESIDENT
Jeffrey Anapolsky
5200 Town Center Circle, Suite 470
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VICE PRESIDENT
David Kreilein
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