2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 21, 2000 8:00 am Secretary of State DOCUMENT # **P96000007813** 1. Entity Name CHOICE COMPUTER CONSULTANTS, INC. 04-21-2000 90134 004 ***158.75 Principal Place of Business Mailing Address 200 E LAS OLAS BLVD 200 E LAS OLAS BLVD STE 2040 STE 2040 FT LAUDERDALE FL 33301-2248 FT LAUDERDALE FL 33301 US 2. Principal Place of Business 110 E, BROWARD 3. Mailing Address IID E. BROWARD BLVD BLVD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE SUITE 850 Applied For City & State City & State 4. FEI Number 59-3363399 T. LANDERDALE Not Applicable ŀΤ. LAUDERDALE \$8.75 Additional Country 5. Certificate of Status Desired UŚA-3301. 33301 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANK P. NISI NISI, FRANK P JR. Street Address (P.O. Box Number is Not Acceptable) LANE 918 ORANGE AVE STE B SUITE 101 WINTER PARK FL 32789 MAITLAND 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. The Fire Contractions Color Braker Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. Change ☐ Addition **DPTS** ☐ Delete TITLE TITLE NAME VOYATZOGLOU, THEODOSIOS NAME STREET ADDRESS 224 ROYAL PALM DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 Addition X Delete TITLE ☐ Change TITLE den boer, pieter NAME NAME CENTURION PK #6. 265 VON WILLION AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CENTURION 0046 SA** Change ■ Addition TITLE M Delete PIEK. PHILIP NAME

STREET ADDRESS CENTURION PK #6, 265 VON WILLION AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CENTURION 0046 SA Delete ☐ Change Addition TITLE SAMPSON, MARK NAME NAME STREET ADDRESS STREET ADDRESS 3118 CUNNEEN CT CITY-ST-ZIP CITY-ST-ZIP INVER GORVE HEIGHTS MN 55077 ☐ Change ☐ Addition TITLE **∑** Delete TITLE VAN LEEUWEN, HUBERTUS NAME NAME STREET ADDRESS STREET ADDRESS 3179 E MAPLEWOOD AVE CITY-ST-ZIP CITY-ST-ZIP LITTLETON CO 80121 DVP Change Change Addition ☐ Delete TITLE TITLE GROSS, STEVEN GROSS, STEVEN NAME NAME 14600 STARING LAKE PKWY STREET ADDRESS 14600 STARING LAKE PKWY STREET ADDRESS EDEN PRAIRIE, MN

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 truytee 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 ag dress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

EDEN PRAIRIE MN 55437

THEO. VOYATZOGLOU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR