2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013727							•				
1. Entity Name VARIEX SYSTEMS CORPORATION							FILED				
(Name Changed 1/26/01 - AECIT SCLUTIONS CORFORATION)							01 MAR 29 PM 12: 51				
Principal Place of Business Mailing Address											
2415 CHINOOK MAITLAND FL 3			2415 CHINOOK TRAIL MAITLAND FL 32751				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 3. Mailing Address					<u></u>						
2230 Tl Suite, Apt.		rd Trail	2230 Thunderbird Trail Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat Maitlar		ć	City & State Maitland, FL			4	59-336264 59-336264		Not	plied For t Applicable	
Zip 32 7 51		Country	Zip 32751	Coun	try		. Certificate of Status Desired	<u> </u>	8.75 Addi ee Required		
	nd Address of Current F	legistered Agent		7. Name and Address of New Registered Agent Name							
HUMPHRIES, J. GREGORY 201 EAST PINE STREET SUITE 701					J. Gregory Humphries Street Address (P.O. Box Number is Not Acceptable) 300 S. Grange Avenue Suite 1000						
ORLANDO FL 32801						Suite ———			Zip Code		
					City	Orlando FL Zip Code 32801					
Tax filing i		print name it registered agent a ple to satisfy its Intangible and elects to do so.	FILE N	(NOTE: Registered NOW!!! FEE 1, 2001 Fee	d Agent signatu IS \$150.0 will be \$5	ire required whe	hries, Registere en reinstating) 10. Election Campaign Fi Trust Fund Contribution	DATE		0 May Be to Fees	
11.		OFFICERS AND I	DIRECTORS	12.			ADDITIONS/CHANGES TO OF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLEN, CH 2415 CHIN MAITLAND	ook trail	⊠ Delete	NAM STRE		2230 7	C. McEwen Thunderbird Trail and, FL 32751		Change	☆ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walker, S P.O. Box 1	TEVEN H	☐ Delete	NAM STRE	E E EET ADDRESS -ST-ZIP	D, P, Charle 2230	-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINDERIVIE	NL 12 37/00*120/	☐ Delete	NAM STRE		110, I C I I	200003 -04/0		1078(007 L	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAM STRE					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAM STRE					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			Delete	NAM					☐ Change	Addition	

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 eath; 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

