

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000060379**

1. Entity Name

THERASYS, INC.**FILED****May 08, 2000 8:00 am**
Secretary of State

05-08-2000 90185 026 ***150.00

Principal Place of Business

Mailing Address

**105 E ROBINSON
SUITE 201
ORLANDO FL 32801
US****P O BOX 3628
ORLANDO FL 32802-3628
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

4. FEI Number **59-3343198**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ALLEN, THOMAS R
105 E ROBINSON, SUITE 201
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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
**DCV
FULK, PAUL F
6248 RIVERCLIFF LANE
DAYTON OH 45449** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
R. A. Kyker, JR.
601 Alder Branch Road
Gavierville, TN 37862** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
PHILPOT, EARNIE S
8701 SLAGEL ROAD
CENTERVILLE OH 45458** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Ronald E. Niekamp
1777 Tuckaway Court
Springboro, OH 45066** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRENNAN, NORMAN
4648 GLENHEATH DRIVE
DAYTON OH 45440** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRED W. ISAACS, JR.
3810 ATLANTIC AVE., SUITE 103
VIRGINIA BEACH, VA 23451** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOSMA, LEE
4754 EAST STATE ROAD 40
TIPP CITY OH 45371** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HENRY R. FOCKE, JR.
13,000 NW FIRST STREET
PLANTATION, FL 33235** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILSON, JEFFREY
5218 TANAGER AVENUE, N.E.
CANTON OH 44705** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MARY K. JONES
128 S. PLUM STREET
TROY, OH 45373** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THEODORE, THALES
224 WEST SEAVIEW CIRCLE
DUCK KEY FL 33050** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: EARNIE S. PHILPOT, DIRECTOR & PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/10/00 937/456 1926

CR2E034 (9/99)