2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P96000083466** 1. Entity Name DECISION MANAGEMENT INTERNATIONAL OF CANADA, INC 04-30-2001 90025 027 ***150.00 Principal Place of Business Mailing Address 1111 3RD AVE W 1111 3RD AVE W STE #250 STE #250 **BRADENTON FL 34205 BRADENTON FL 34205** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 59-3425756 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACOBSON, RICHARD A per is Not Acceptable 501 E. KENNEDY BLVD **SUITE 1700 TAMPA FL 33602** City 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. Clifford L. Walters, v.P. of Blalocic, Landers, walters Hogher 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change TITLE ☐ Delete TITI F ☐ Addition HANN, STEPHEN S NAME NAME 8231 MAIN ST STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP **BOKEELIA FL 33922** CITY-ST-7IP ☐ Delete Addition TITLE TITLE Change BENEVENTO, GEORGE M NAME NAME 1016 MAJESTIC OAKS WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SIMPSONVILLE KY 40067 CiTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DFREZELL TERENCE J. NAME NAME 600 OCEAN DRIVE, 10D STREET ADDRESS STREET ADDRESS JUNO BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 bustee 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIMECTOR DAYS TO Date Dayling Phone #