2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P96000096368 ONE-ON-ONE INFORMATION SERVICES, INC. 04-25-2000 90148 004 ***150.00 Mailing Address Principal Place of Business 2051-A TECH PLACE ATTI A TECH PLACE 1100100-TALLAHASSEE FL 32308-4116 IALLAHASSEE FL 32308 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 59-3413752 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOODY, MICHELE B Street Address (P.O. Box Number is Not Acceptable) 3651 MOODY TRAIL TALLAHASSEE FL 32308 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOODY, MICHELE B NAME NAME STREET ADDRESS STREET ADDRESS 3651 MOODY TRAIL CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 is changed, or on an attachment with an address, with all other like empowered. by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: