

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000025769**1. Entity Name  
**MARINER TECHNOLOGIES, INC.****Principal Place of Business**  
GLADES BUILDING, SUITE 303  
877 EXECUTIVE CENTER DRIVE, WEST  
ST. PETERSBURG FL 33702 US**Mailing Address**  
GLADES BUILDING, SUITE 303  
877 EXECUTIVE CENTER DRIVE, WEST  
ST. PETERSBURG FL 33702 US**2. Principal Place of Business**  
KRESS BUILDING, SUITE M-8**3. Mailing Address**  
KRESS BUILDING, SUITE M-8**Suite, Apt. #, etc.**  
475 CENTRAL AVENUE**Suite, Apt. #, etc.**  
475 CENTRAL AVENUE**City & State**  
ST. PETERSBURG FL**City & State**  
ST. PETERSBURG FL**Zip**  
33701 **Country**  
US**Zip**  
33701 **Country**  
US**4. FEI Number**  
**59-3450901****Applied For**  
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MASCARA ERNEST L**  
GLADES BUILDING, SUITE 303  
877 EXECUTIVE CENTER DRIVE, WEST  
ST. PETERSBURG FL 33702 US**7. Name and Address of New Registered Agent****Name**  
**MASCARA ERNEST L****Street Address (P.O. Box Number is Not Acceptable)**  
**KRESS BUILDING, SUITE M-8****475 CENTRAL AVENUE****City**  
**ST. PETERSBURG FL** **Zip Code**  
**33701****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 ERNEST L. MASCARA****04/16/2001**

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
VPD  
LARSH CLIFF  
877 EXECUTIVE CENTER DR WEST, STE 303  
ST. PETERSBURG FL 33702 ☒ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
VPD  
MCGINNESS GREGORY A  
877 EXECUTIVE CENTER DR WEST, STE 303  
ST. PETERSBURG FL 33702 ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
VPD  
MCGINNESS GREGORY A  
475 CENTRAL AVENUE, SUITE M-8  
ST. PETERSBURG FL 33701 ☒ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
PD  
MCGINNESS CYNTHIA L  
877 EXECUTIVE CENTER DR WEST, STE 303  
ST. PETERSBURG FL 33702 ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
PD  
MCGINNESS CYNTHIA L  
475 CENTRAL AVENUE, SUITE M-8  
ST. PETERSBURG FL 33701 ☒ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete**TITLE**  
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**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: CYNTHIA L. MCGINNESS****P****04/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)