2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003
Secretary of State

DOCUMENT# P97000026272

Entity Name: MAIL BARCODING SERVICES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

3578 FOWLER STREET
FT MYERS, FL 33901

New Principal Place of Business:

5831 HALIFAX AVENUE
FT MYERS, FL 33912

Current Mailing Address:

3578 FOWLER STREET
FT MYERS, FL 33901

New Mailing Address:

5831 HALIFAX AVENUE
FT MYERS, FL 33912

FEI Number: 65-0739778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HASS, JUSTIN T
2009 SE 16TH ST
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HASS, JUSTIN T
Address: 2009 SE 16TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: ST ( ) Delete
Name: HASS, CARMEN M
Address: 1137 CLIFFWOOD LANE
City-St-Zip: LA CROSSE, WI 54601

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: HASS, PATRICIA G
Address: 2039 SE 15TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: VP ( ) Change (X) Addition
Name: HASS, CARMEN M
Address: 2039 SE 15TH STREET
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA G HASS ST 03/31/2003

Electronic Signature of Signing Officer or Director — Date