2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000032920** Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** WEBSPEDITE, INC. 02-29-2000 90100 048 ***150.00 Principal Place of Business Mailing Address HOLLY DR. 18 HOLLY DR. -- YORK NY 11791 NEW YORK NY 11791-5718 2. Principal Place of Business 3. Mailing Address Court Vestry Court Vestry Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3443836 Not Applicable 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 GRANAGHAN, PATRICK T Street Address (P.O. Box Number is Not Acceptable) 10913 N DALE MABRY **TAMPA FL 33618** 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 (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 \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition Delete TITI F DUNNE, JOHN B JR NAME 14 SCOTCH DAM RD STREET ADDRESS CITY-ST-7/P **GASTON MA 02375** Change Change ☐ Addition ☐ Delete TITLE COHEN, JASON M STREET ADDRESS 18 HOLLY DR.

STREET ADDRESS CITY-ST-ZIP I vestry Court Huntington-NY-11743 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SYOSSET NY 11791 **S**Detuté NAME DUNNE, JACQUELINE A NAME STREET ADDRESS STREET ADDRESS 14 SCOTCH DAM RD. CITY-ST-ZIP CITY-ST-ZIP EASTON MA 02375 Change Addition ☐ Defete TITLE TITLE NAME Cohen, Ellen R NAME 1 vestry Court Huntington-NY-11743 STREET ADDRESS STREET ADDRESS 18 HOLLY DR. CITY-ST-ZIP CITY-ST-ZIP SYOSSETT NY 11791 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00

631-410-0149

Daytime Phone