2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002
Secretary of State

DOCUMENT# P97000059065

Entity Name: XCELICOR, INC.

Current Principal Place of Business:

5421 BEAUMONT CENTER BLVD.
SUITE 680
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5421 BEAUMONT CENTER BLVD.
SUITE 680
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3455430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUTHARD, PAUL BRYAN
5421 BEAUMONT CENTER BLVD.
SUITE 680
TAMPA, FL 33634

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	SUTHARD, PAUL	
Address:	16502 OFFENHAUR ROAD	
City-St-Zip:	ODESSA, FL 33556 US	
Title:	DVP	( ) Delete
Name:	COPPOLA, ROBERT	
Address:	670 ISLAND WAY #801	
City-St-Zip:	CLEARWATER, FL 33767	
Title:	DVP	( ) Delete
Name:	SILVERSTEIN, MARK	
Address:	1704 STILLWATER CIRCLE	
City-St-Zip:	BRENTWOOD, TN 37027	
Title:	S	( ) Delete
Name:	SUTHARD, HOLLY	
Address:	16502 OFFENHAUR ROAD	
City-St-Zip:	ODESSA, FL 33556	
Title:	DVP	( ) Delete
Name:	ZOU, JIAN	
Address:	3216 TOLMAS DRIVE	
City-St-Zip:	METAIRIE, LA 70002 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PAUL BRYAN SUTHARD DP 09/03/2002

Electronic Signature of Signing Officer or Director — Date