2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 15, 2000 8:00 am Secretary of State DOCUMENT # P97000072479 1. Entity Name CLEARWATER COMPUTER SYSTEMS, INC. 09-15-2000 90004 027 ***550.00 Mailing Address Principal Place of Business 612 1/2 OAK AVE. 612 1/2 OAK AVE. CLEARWATER FL 33756 CLEARWATER FL 33756 AUU77924 2. Principal Place of Business 31 SHIRLE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59-3462786 Flurida ARA Not Applicable -A RGO Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 2Nontis F.J. Indelight INGALLS, JANET C Street Address (P.O. Box Number is Not Acceptable) 612 1/2 OAK AVE. **CLEARWATER FL 33756** DRIVE HIRLEY statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 *9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. , FRANK TAChange TIT! F Delete TITLE IDELICATO, FRANK J JR. NAME NAME STREET ADDRESS 612 1/2 OAK AVE. STREET ADDRESS dr10A 337 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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 REQUIRED

ANK J Indition to

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