2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000098951

Name:

Address:

City-St-Zip:

BAKUNAS, JENNIFER

TAMPA, FL 33647 US

18302 HIGHWOODS PRESERVE PARKWAY

Entity Name: MAGNETIC CORPORATION

FILED Mar 10, 2003 Secretary of State

| Current P | rincipal Plac | e of Business: | New Principal Place of | New Principal Place of Business: | |
|---|--------------------------------|---|---|---|--|
| 18302 HIG SUITE 204 | | RESERVE PARKWAY | | | |
| TAMPA, FI | | IS | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| SUITE 204 | • | RESERVE PARKWAY | | | |
| TAMPA, FI | | IS | | | |
| FEI Number: | 59-3478314 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 18302 HIG SUITE 204 TAMPA, FI | L 33647 US | RESERVE PARKWAY | | assistant and according to the Atlanta | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| | npaign Financii S AND DIRE(| ng Trust Fund Contribution(). CTORS: | ADDITIONS/CHANGES | TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | BAKUNAS, DA | OODS PRESERVE PARKWAY | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | BAKUNAS, KE | OODS PRESERVE PARKWAY | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: | D (|) Delete | Title: (|) Change () Addition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JENNIFER BAKUNAS D 03/10/2003