2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 08, 2004 8:00 am Secretary of State DOCUMENT # P98000004064 04-08-2004 90014 023 ***158.75 **E SOLUTIONS CORPORATION** Principal Place of Business Mailing Address C4001010 400 N TAMPA ST 400 N TAMPA ST 16TH 16TH TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address 400 N. Tampa Street 400 N. Tampa Street Suite, Apt. #, etc. 16th Floor Suite, Apt. #, etc. 16th Floor 04012004 Chg-P CR2E034 (10/03) City & State Tampa, PL 4. FEI Number Applied For City & State Tampa, FL 65-0804721 Not Applicable Zip 33602 Country \$8.75 Additional Zip **33602** Country 5. Certificate of Status Desired U.Ś. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nicholas, Richard E. NICHOLAS, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 400 N. Tampa Street 516 W. DAVIS BLVD. TAMPA, FL 33606 16th Floor Zip Code **33602** Ташра, 8. The above named exity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations ered.agent. 04/07/04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) istered agent and title if applicable. DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. K Change ☐ Addition TITLE TITLE Delete Nicholas, Richard E. NAME NICHOLAS, RICHARD E NAME STREET ADDRESS 400 N. Tampa Street-16th Floor STREET ADDRESS 516 W DAVIS BLVD TAMPA, FL 33606 CITY-ST-ZIP Tampa, FL 33602 CITY-ST-ZIP K Change ☐ Addition TITLE VSTD ☐ Delete TITLE V/S/T/D MORIZIO, MICHAEL Morizio, Michael A. NAME NAME STREET ADDRESS 400 N. Tampa Street-16th Floor 189 CULLINANE DRIVE STREET ADDRESS CITY-ST-ZIP Tampa, FL 33602 CITY-ST-ZIP MARLBOROUGH, MA 01752 Change Addition TITLE ☐ 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-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 solve mental report is type 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 10 or Block 11 if changed, or on an attact mental with an address with all other like empowered. Richard E. Nicholas 04/07 /04 (813) 301-2602 SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #