2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -9 PM 4:04

DOCUMENT # P98000020285

1. Entity Name
GOVERNMENT INTELLIGENCE & PROPOSAL RESOURCES, INC.

Principal Place of Business
~~630 US HWY ONE, SUITE 301~~
~~North Palm Beach, FL 33408~~

Mailing Address
~~630 US HWY ONE, SUITE 301~~
~~North Palm Beach, FL 33408~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 47097 Glenaire Ct.	Suite, Apt. #, etc. 47097 Glenaire Ct.
City & State Sterling, VA	City & State Sterling, VA
Zip 20165 Country USA	Zip 20165 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0813827 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Stahl, Christopher
630 US HWY ONE, SUITE 301
North Palm Beach, FL 33408

7. Name and Address of New Registered Agent

Name Agents and Corporations, Inc.
Street Address (P.O. Box Number is Not Acceptable)
Suite E, 773 4th Ave. North
City Naples FL Zip Code 34102

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 Dawn M Williams Pres 10/1/01
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 may be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Stahl, Christopher ~~630 US Hwy One, Suite 301 North Palm Beach, FL 33408~~	☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☒ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Stahl, Christopher 47097 Glenaire Ct. Sterling, VA	☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [signature] Date Daytime Phone #

Signature and TYPED OR PRINTED name of Required OFFICER OR DIRECTOR