2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000025935 Feb 15, 2000 8:00 am **Secretary of State** SIMPLESCAN SOFTWARE, INC. 02-15-2000 90016 041 ***150.00 Principal Place of Business Mailing Address 200 SOUTH BISCAYNE BLVD. #1800 1234 SOUTH DIXIE HIGHWAY MIAMI FL 33131-2329 SUITE 201 MIAMI FL 33146 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0821551 Not Applicable Country \$8.75 Additional Zip Country 5,-Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARTHET, PATRICK C Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD. #1800 **MIAMI FL 33131** Zip Code FŁ 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 11. Addition ☐ Delete TITLE TITLE BARTHET, ALEXANDER E NAME NAME 200 SOUTH BISCAYNE BLVD. #1800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP ☐ 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 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barthet, Pres, 2/10/00