2000 UNIFORM BUSINESS REPORT (UBR)

Jan 09, 2000 08:00 AM DOCUMENT # P98000043042 1. Entity Name **Secretary of State** EXHEDRA SOLUTIONS, INC. Principal Place of Business Mailing Address 1209 LA BRAD LANE 1209 LA BRAD LANE TAMPA FL TAMPA FL 33613 33613 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3510883 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 405 CENTRAL AVE STE 200 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG 33701 Zip Code 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. 01/09/2000 SIGNATURE 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VD Delete TITLE XI Change ☐ Addition IPPOLITO COREY NAME IPPOLITO COREY STREET ADDRESS 2116 PENNY LANE STREET ADDRESS 2116 PENNY LANE CITY-ST-ZIP MARIETTA 30067 CITY-ST-ZIP MARIETTA 30067 TITLE ☐ Delete VΡ TITLE X Change ☐ Addition NAME NAME **IPPOLITO** KTM **IPPOLITO** KIM STREET ADDRESS 515 SOUTH AIKEN AVENUE, STE 207 STREET ACCRESS 720 THORNWICK DRIVE CITY-ST-ZIF PITTSBURGH PA 15232 CITY-ST-7IP PITTSBURGH PA 15243 ☐ Delete TITLE TILE SRVP SRVP X Change ☐ Addition NAME **IPPOLITO** DAWN NAME **IPPOLITO** DAWN STREET ADDRESS 220 THOMPSON PARK HALL 106 THOMPSON PARK HALL STREET ADDRESS CITY-ST-ZIP UNIVERSITY PARK PA 18603 CITY-ST-ZIP UNIVERSITY PARK 16802 TITLE ☐ Defete TITLE X Change ☐ Addition NAME EDINGTON JUIL NAME EDINGTON JUDI STREET ADDRESS 8602 HURON COURT 8602 HURON COURT, SUITE #53 STREET ADDRESS CITY-ST-ZIP TAMPA FL. 33614 CITY-ST-ZIP TAMPA FL. 33614 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME **IPPOLITO** 1209 LA BRAD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33613 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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

NONATURE. IAN IRROUTO