

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000043042**1. Entity Name
EXHEDRA SOLUTIONS, INC.

Principal Place of Business

1209 LA BRAD LANE

TAMPA
33613

FL

Mailing Address

1209 LA BRAD LANE

TAMPA
33613

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3510883

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSE BRENDA
405 CENTRAL AVE STE 200ST PETERSBURG
33701

FL

US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/19/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME IPPOLITO COREY
STREET ADDRESS 2116 PENNY LANE
CITY-ST-ZIP MARIETTA FA 30067TITLE VP ☒ Change ☐ Addition
NAME IPPOLITO COREY
STREET ADDRESS 1000 SOUTH ROAD APT. 3
CITY-ST-ZIP BELMON CA 94002TITLE VP ☐ Delete
NAME IPPOLITO KIM
STREET ADDRESS 720 THORNWICK DRIVE
CITY-ST-ZIP PITTSBURGH PA 15243TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SRVP ☐ Delete
NAME IPPOLITO DAWN
STREET ADDRESS 106 THOMPSON PARK HALL
CITY-ST-ZIP UNIVERSITY PARK PA 16802TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE T ☐ Delete
NAME EDINGTON JUDI
STREET ADDRESS 8602 HURON COURT, SUITE #53
CITY-ST-ZIP TAMPA FL 33614TITLE T ☒ Change ☐ Addition
NAME EDINGTON JUDI
STREET ADDRESS 1840 MILL RUN CIRCLE
CITY-ST-ZIP TAMPA FL 33613TITLE P ☐ Delete
NAME IPPOLITO IAN
STREET ADDRESS 1209 LA BRAD LANE
CITY-ST-ZIP TAMPA FL 33613TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: Judi Edgington

T

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)