

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90141 024 ***550.00

DOCUMENT # P98000086890

1. Entity Name
TALION CORPORATION



Principal Place of Business
**2720 N HARBOR CITY BLVD
SUITE A
MELBOURNE, FL 32935 US**

Mailing Address
**2720 N HARBOR CITY BLVD
SUITE A
MELBOURNE, FL 32935 US**

2. Principal Place of Business
**315 Star Dr
Suite 4**

3. Mailing Address
Suite, Apt. #, etc.

City & State
**West Melbourne FL
Zip 32904 Country Broward**

City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3536841

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SUNDIN, GLENN T
335 S. PLUMOSA ST.
MERRITT ISLAND, FL 32952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DOHERTY, BRIAN**
CITY-ST-ZIP **160 RIVER OAKS RD.
MELBOURNE BEACH, FL 32951**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MAXNER, KATHRYN**
CITY-ST-ZIP **160 RIVER OAKS RD.
MELBOURNE BEACH, FL 32951**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **PETERSON, ANTHONY K**
CITY-ST-ZIP **1167 SANDDUNE LN #206
MELBOURNE, FL 32935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

A.K. Peterson

May 16, 03

Daytime Phone #

3219560550

CR2E034 (10/02)