

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90474 017 ***550.00

DOCUMENT # P98000096227

1. Entity Name **PARADYME, INC.**

DO NOT WRITE IN THIS SPACE

866634

2. Principal Place of Business
4400 PGA BLVD.

3. Mailing Address
755 W. Big Beaver

Suite, Apt. #, etc.
10th Floor

Suite, Apt. #, etc.
Suite 1700

City & State
Palm Beach Gardens, FL

City & State
Troy, MI

4. FEI Number
52-2130991

Applied For
Not Applicable

Zip
33410

Country
USA

Zip
48084

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jeffrey Rendel

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

4400 PGA Blvd., 10th Floor

City **Palm Beach Gardens** **FL** Zip Code **33410**

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.

Jeffrey Rendel, V.P.

5/9/02

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D John W. Burcham II 755 W. Big Beaver Suite 1700 Troy, MI 48084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Craig A. Vanderburg 755 W. Big Beaver Suite 1700 Troy, MI 48084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T/D James E. Baiers 755 W. Big Beaver Suite 1700 Troy, MI 48084
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

James E. Baiers

James E. Baiers

5/6/02

248-269-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)