

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102956
 1. Entity Name
CONVERGIT, INC.

FILED

00 MAY 12 PM 1:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**20283 SR 7 SUITE 300
 BOCA RATON FL 33498**

2. Principal Place of Business 3. Mailing Address
20283 SR 7 PO Box 1276
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 300
 City & State City & State
BOCA RATON FL BOCA RATON FL
 Zip Zip Country Country
33498 USA 33498-1276 USA

REINSTATEMENT
 DO NOT WRITE IN THIS SPACE
 4. FEI Number **65-0893586** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Agent Resigned 12-13-99

7. Name and Address of New Registered Agent
 Name **C T Corporation System**
 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
 City **Plantation** State **FL** Zip Code **33324**

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 **Barbara A Burke** **BABARA A. BURKE** **SPECIAL ASSISTANT SECRETARY** **3-31-00**
Signature, typed or printed name of registered agent and title if applicable. (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANMAD MORADI <input checked="" type="checkbox"/> Delete 20283 SR 7 STE 300 BOCA RATON FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA <input checked="" type="checkbox"/> Delete ROBERT SKELNER 20283 SR 7 STE 300 BOCA RATON FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete WILLIAM TESSARO 20283 SR 7 STE 300 BOCA RATON FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003264441-00 -05/24/00--01005--002 ****750.00 ****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **[Signature]** **Zoman** **5818842316**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE