

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90167 014 \*\*\*150.00

**DOCUMENT # P98000108118**

1. Entity Name

**IMR SUB AB CORP.**

Principal Place of Business

Mailing Address

26750 US HWY 19 NORTH  
 SUITE 500  
 CLEARWATER FL 33761

26750 US HWY 19 NORTH  
 SUITE 500  
 CLEARWATER FL 33761-3460

2. Principal Place of Business

3. Mailing Address

*100 South Missouri Ave.*  
 Suite, Apt. #, etc.

*100 South Missouri Ave.*  
 Suite, Apt. #, etc.

City & State

City & State

*Clearwater, FL*

*Clearwater, FL*

Zip *33756* Country *USA*

Zip *33756* Country *USA*

4. FEI Number **APPLIED FOR**  
*59-3582863*

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, DILIP**  
 26750 US HWY 19 NORTH  
 SUITE 500  
 CLEARWATER FL 33761

Name *IMRglobal Corp.*  
 Street Address (P.O. Box Number is Not Acceptable) *Attn: General Counsel*  
*100 South Missouri Ave.*  
 City *Clearwater* State *FL* Zip Code *33756*

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 *Dilip Patel* **IMRGLOBAL CORP**  
 by **DILIP PATEL VP, GEN Counsel & Secretary** **4/4/00**  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
VPS	PATEL, DILIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	26750 US HWY 19 NORTH #500	STREET ADDRESS	<i>100 South Missouri Ave.</i>
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	<i>Clearwater, FL 33756</i>
D	SANAH, SATISH K	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	26750 US HWY 19 NORTH #500	STREET ADDRESS	<i>Same as above</i>
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	
VPT	MOLSICK, ROBERT M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	26750 US HWY 19 NORTH #500	STREET ADDRESS	<i>Same as above</i>
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	
D	ADDONISIO, VINCENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	26750 US HWY 19 NORTH #500	STREET ADDRESS	<i>Same as above</i>
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	
<input checked="" type="checkbox"/> Delete	HINDMAN, JOHN R	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	26750 US HWY 19 NORTH #500	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Dilip Patel* **DILIP PATEL VP S** **4/4/00 (727)467-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)