2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 03, 2001 8:00 am Secretary of State DOCUMENT # P9900008372 1. Entity Name EXCESS MANAGEMENT SYSTEMS, INC. 05-03-2001 91001 028 ***158.75 Principal Place of Business Mailing Address 709 SILVER PALM DR., STE.K 709 SILVER PALM DR..STE.K MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address SAME SAM E Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE A SUITE A City & State City & State Applied For 4. FEI Number 59-3549583 SAM & SAME Not Applicable Zip SAM & Country Country \$8.75 Additional 5. Certificate of Status Desired USA SAME USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 709 SILVER PALM DR., STE.K MELBOURNE FL 32901 SILVER PALM AVE SUITE A Zip Code SAME 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) SAME 🗹 Change ☐ Addition PTD ☐ Delete TITLE TITLE Sam E NAME NAME MILLER, ROBERT A 709 SILVER PALM AVE, STE. A STREET ADDRESS STREET ADDRESS 709 SILVER PALM DR., STE.K SAME CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 SAME Change ☐ Addition ☐ Delete TITLE VSD SAME NAME 709 SILVER PALM AVE, STE. A MILLER, DOLORES NAME STREET ADDRESS STREET ADDRESS 709 SILVER PALM DR., STE.K CITY-ST-ZIP SAME CITY-ST-7IP MELBOURNE FL 32901 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

DOLDRES MILLER, VICE PRESIDENT 4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR