2002	2 UNI	FORM BUSI	NESȘ REPO	RT	(UBF	R)					OR	SEDIMENT
DOCU		#. <b>P99000</b>						4				
1. Entity Name GOVERNMENT CO-OP, INC.						<b>)</b>	La Company	FIL	ED			AV
Principal Place of Business 631 N WYMORE ROAD SUITE 200 MAITLAND FL 32751			Mailing Address 631 N WYMORE ROAD SUITE 200 MAITLAND FL 32751				<b>'/</b>    <b>       </b>	02 JUN 14 SECRETAR ALLAHASS				
2. Principal Place of Business			3. Mailing Address					)		<b>!!                                    </b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS SP	ACE		
City & State			City & State			4.	FEI Number	59-3583084		_ <del>_</del>	plied For t Applicable	
Zip Country		Country	Zip Countr		try			8.75 Add				
	6. Name	and Address of Current Re	gistered Agent		Name	7. 1	Name and Ad	dress of New R	egistered Ag	ent		1
RYLACKI, JACK - JACK RYPACKI						Street Address (P.O. Box Number is Not Acceptable)						
631 N WYMORE ROAD SUITE 200												
MAITLAND FL 32751						City FL Zip Code						
8. The above	named entit	y submits this statement for th	ne purpose of changing its	registere	ed office or	registered ag	gent, or both,	in the State of Flo	rida.			
SIGNATURE.	Signature typed	or printed name of registered agent and	title if applicable (NOTE	Benistered	i Agent signatu	re required when re	einstatina)		DATE			
Tax filing	-	ible to satisfy its Intangible and elects to do so.	FILE NOW! After May 1, 200 Make Check Payab	2 Fee	will be \$5	50.00		on Campaign Fin Fund Contribution			0 May Be to Fees	
11.	•	OFFICERS AND DI		12.		AE	DDITIONS/CH	IANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COGAN, CHRISTOPHER G 631 N WYMORE ROAD SUITE 200		<b>☑</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		See	6 new	softer		☐ Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS	BM FREY, DA		☐ Delete		ET ADDRESS	COB			פ	Change	☐ Addition	8
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM RYAN, JO 631 N WY	N, JOE N WYMORE ROAD SUITE 200		TITLE NAME STREE			<b>400005380324</b> -06/25/0201079999027A0 ***1200.00 ****150.00				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CAULO, F 631 N W								Γ	] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		FRED (MORE ROAD SUITE 200 ) FL 32751	☐ Delete							] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAITLAN	MORE ROAD SUITE 200 OFL 32751	☐ Delete	NAME STREE CITY-	TITLE NAME STREET ADDRESS CITY-ST-ZIP		M			Change	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date												

o-op, Inc. and Subsidiaries ers & Directors

Name	Title	status
Directors: (*)		***************************************
Dale Frey	Chairman of the Board	SAHE
-		SAME
Joe Ryan Raiph Caulo	Board Member Board Member	SAME
Suzy Goldbarger	Board Member	MOITIDA
Rick Kelleher	Board Member	HOITIDAA
Dave Dresner	Board Member	SAME
		MOITIDAA
Brian Weed Officers:	Board Member	·
Dave Drasher	President & Chief Executive Officer	JOTED ABOUE
Bill Jahrston	Executive Vice President Corporate Development & Marketing	ADDITION MOITION ADDITION
fack Rybicki	Senior Vice President & Chief Financial Officer	MOITION
Charles Fountain	Senter Vice President & Chief Information Officer	MOTTIGGA

\* All officers/ Directors are located at the corporate address