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

FILED Mar 27, 2003 8:00 am Secretary of State

DOCUMENT # P99000051355					03-27-2003	90101 032 ***150.00
TRIAD	CONSULTING, INCO	ORPORATED				
	RDO NOT⊧WRITE	INTHIS SPAC	E.			
2. Principal	Place of Business	3. Mailing Address	ABABAN ASSOCIA	公司的 在1000年100日		•
, · · .		P.O. BOX 3	- I			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Sta	ite	City & State			4. FEI Number	Applied For
BEVERL			IA	(04-3448055	Not Applicable
Zip 01945	USA	Zip 01945	USA	İ	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	DO NOT WRITE IN TI	• •		7.	Name and Address of Current Regis	
			drei i	Name JAMES HC	WARD	
				Street Address (F	dress (P.O. Box Number is Not Acceptable)	
				TION OF	WESTMINSTER PLACE	<u>tı</u>
				City		Zip Code
	的联行和数约 为455	多可以执行。不 然		<u>ŠTUART </u>	<u> </u>	L 34997
and accep	e named entity submits this statemen of the obligations of registered agent.	it for the purpose of char	nging its regis	stered office or reg	istered agent, or both, in the State of F	lorida. I am familiar with,
SIGNATURE	Signature, typed or printed name of regist	ered agent and title if applic	able. (NC	OTE: Registered Ager	nt signature required when reinstating)	DATE
Ja	Signature, typed or primed name of regist nuary 11, May 11 Fee is \$150.00 & 41 After May 1; Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of		able. (NC	OTE: Registered Ager	9. Election Campaign Financing Trust Fund Contribution.	A-
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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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR