

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **P99000053823**

00 MAY -4 AM 9:26

1. Entity Name
T-Systems, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2555 North Monroe St

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Tallahassee FL**
Zip **32303** Country **Leon**

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Harrell, Todd
2555 North Monroe St Suite 5
Tallahassee FL 32303

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **Todd Harrell Vice President**
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	CEO <input type="checkbox"/> Delete
NAME	Steven Sheiman
STREET ADDRESS	617 King Street
CITY-ST-ZIP	Orlando, FL 32804
TITLE	C/M <input type="checkbox"/> Delete
NAME	Eddie Zaremba
STREET ADDRESS	1735 Augustine PL
CITY-ST-ZIP	Tallahassee FL 32301
TITLE	<input type="checkbox"/> Delete
NAME	Alfred "Pepper" Iller
STREET ADDRESS	201 Sweetwater Cove Blvd South
CITY-ST-ZIP	Longwood FL 32779
TITLE	Vice President <input type="checkbox"/> Delete
NAME	Todd Harrell
STREET ADDRESS	2838 Duffton Loop
CITY-ST-ZIP	Tallahassee FL 32303
TITLE	Vice President <input type="checkbox"/> Delete
NAME	Sherri Taylor
STREET ADDRESS	2555 North Monroe Suite 5
CITY-ST-ZIP	Tallahassee FL 32303
TITLE	Secretary <input type="checkbox"/> Delete
NAME	Christy Scruggs
STREET ADDRESS	2613 Midway Branch Dr
CITY-ST-ZIP	Odenton, Md 21113

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Billy Scruggs
STREET ADDRESS	2555 North Monroe St
CITY-ST-ZIP	Tallahassee FL 32303
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003239241-15
STREET ADDRESS	-05/04/00--01015--004
CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **Todd Harrell Vice President** **5/4/00** **504-2311**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)