## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P99 000056523			05-21-2002 91190 017 ***150.00	
TRANSCOLUTIONS, INC				
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 300 ULRUNIAST	3. Mailing Address	772 A 1141	·	
Suite, Apt. #, etc. Suite, Apt. #, etc.		((3 ( 4) 2 )	DO NOT WRITE IN THIS SPACE	
CLERMONT FL	City & State	T. FL	4. FEI Number 5 9-35 17825	Applied For
Zip Country	Zip 3471	Country	5. Certificate of Status Desired	Not Applicable  8.75 Additional se Required
	raju <b>ut</b> a	CONTROL DESCRIPTION OF THE PROPERTY OF THE PRO	7. Name and Address of Current Registered A	gent
DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SP	APPLICATION OF THE PROPERTY OF THE PARTY OF	44		
			JIRGINIA ST	
	<b>神事种情</b> 。	- No. 10 (1997) - 10 (1997)	RMONT FL	Zig Code
8. The above named entity submits this statement for t	he purpose of ananging its	registered office or registere	ed agent, or both, in the State of Florida	r
SIGNATURE Signature, typed or printed name of registered agent and	titile of applicable. (NOTE	Registered Agent signature required v	₩hen reinstaling) DATE	105
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After May	2941 (2015) 8153000 15 (2015) 853000 10 (18 (18 (18 (18 (18 (18 (18 (18 (18 (18	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND DI	RECTORS		Mark Company of the C	is is the same of
NAME GILES TAYLOR		TITLE 1 100 AME. NAME OF THE SECOND		(12/01)
STREET ADDRESS 10 LOURCE ASE CITY-ST-ZIP HEWTON MA	02460	STREET ADDRESS	The section of the se	
TITLE D	02460	CITY: ST=ZIP		CR2E034B
NAME DANO GARRICO STREET ADDRESS 13201 PLUM L	x 3/2	NAME		
CITY-ST-ZIP CLELLIONS P		STREET ADDRESS CITY 1ST-ZIP	A. 2016年2月2日 - 1230年11日	
TITLE	2 24 111	IIII		in the second second
NAME -STREET ADDRESS		NAME		
CITY-ST-ZIP	· · · <del>· · · · · ·</del> · · - · - · ·	CITY ST-ZIP	DO NOT WRITE	
TIRE		nite	IN THIS SPACE	
NAME STREET ADDRESS		NAME STREET ADDRESS \$ \$	IN THIS SPACE	
CITY-ST-ZIP		CITY-ST-ZIP	A Company of the Company	
TITLE NAME		TITLE CONTRACTOR	<b>。(《 ) · · · · · · · · · · · · · · · · · · </b>	7.7
STREET ADDRESS		NAME STREET ADDRESS	- Angel Sandara Confession	
CITY-ST-ZIP		CITY-ST-ZIP	Action Control of the Control	
TITLE NAME		TITLE NAME		SAN SAN E
STREET ADDRESS CITY-S1-ZIP		STREET ADDRESS	The property of the second	
13. Thereby certify that the information supplied with this	filing does not availed for the	CITY-ST-ZIP	20 110 07/2V) St. 11 2	
13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower attachment with an address, with all other like empore	and accurate and that my	signature shall have the san as required by Chapter 607	on (19.07(3)(i). Florida Statutes, I further certify the legal effect as if made under oath; that I am an Efortida Statutes, and that my pages appears in a	at the information 1 officer or director
auacomment with an address, with all other like empty	veled	)	and that my hame appears in E	HUGK II OF ON AN
SIGNATURE:	ED NAME OF SIGNING OFFICER OR	OREGTOR	4/30/02 352 Date Dayline	243-04-6