2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# P99000079202

Entity Name: ELECTRONIC DATA INTEGRATION SERVICES, INC.

Current Principal Place of Business:

1802 FISKE BLVD.
SUIE 102
ROCKLEDGE, FL 32955

New Principal Place of Business:

14325 101ST STREET
FELLSMERE, FL 32948

Current Mailing Address:

1802 FISKE BLVD.
SUIE 102
ROCKLEDGE, FL 32955

New Mailing Address:

PO BOX 429
FELLSMERE, FL 32948-042

FEI Number: 59-3602201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETTIN, BRADLY R SR.
96 WILLARD ST., SUITE 302
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VALLEY, RUDOLPH P
Address: 1802 FISKE BLVD., SUITE 105
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: VALLEY, LOIS W
Address: 1802 FISKE BLVD., SUITE 105
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: HALL, RICHARD E
Address: 1802 FISKE BLVD., SUITE 105
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: VALLEY, RUDOLPH P
Address: PO BOX 429
City-St-Zip: FELLSMERE, FL 32948-042

Title: D (X) Change ( ) Addition
Name: VALLEY, LOIS W
Address: PO BOX 429
City-St-Zip: FELLSMERE, FL 32948-042

Title: D (X) Change ( ) Addition
Name: ROSIER, DEBORAH M
Address: PO BOX 429
City-St-Zip: FELLSMERE, FL 32948-042

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH M ROSIER DIR 04/30/2002
Electronic Signature of Signing Officer or Director Date