2000 UNIFORM BUSINESS REPORT (UBR)

9/20/00-90005-049-$550.00-$550.00

DOCUMENT # P99000080287

1. Entity Name
PROFIT TECHNOLOGIES HOLDING CORPORATION

FILED

01 FEB -5 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O PROFIT TECHNOLOGIES CORPORATION ~~1231 SCANDIA TERR~~ PO BOX 4479 ~~OVIEDO FL 32765~~ DAVIDSON, NC 28036	C/O PROFIT TECHNOLOGIES CORPORATION ~~[redacted]~~ P.O. Box 4479 ~~[redacted]~~ DAVIDSON, NC 28036

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O BOX 4479 Suite, Apt. #, etc.
City & State	City & State: DAVIDSON NC
Zip / Country	Zip: 28036 / Country

4. FEI Number: 59-3597244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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: Barbara A Burke — BABARA A. BURKE, SPECIAL ASSISTANT SECRETARY — 1-17-01

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GEORGE MCKEE P.O BOX 4479 DAVIDSON NC 28036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003746051--5 -02/21/01--01102--012 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT CHRIS MCKEE PO BOX 4479 DAVIDSON NC 28036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CHIP MCKEE P.O BOX 4479 DAVIDSON NC 28036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 00-01
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003746051--5 -02/21/01--01102--011 ****308.75 ****308.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED — 9-13-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Chip McKee 1/11/01