

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90076 038 ***150.00

DOCUMENT # P99000088765

Entity Name

SGW, INC.

Principal Place of Business 1. MCGUIRE, WOODS, BATTLE & BOOTHE LLP NORTH LAURA STREET SUITE 3300 JACKSONVILLE FL 32202	Mailing Address C/O MCGUIRE, WOODS, BATTLE & BOOTHE LLP 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE FL 32202-3661
--	---

00001110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3602269		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

6. Name and Address of Current Registered Agent

RAX CO.
C/O MCGUIRE, WOODS, BATTLE & BOOTHE LLP
50 NORTH LAURA STREET SUITE 3300
JACKSONVILLE FL 32202

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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President/Secretary/Director	TITLE President/Secretary	TITLE President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lisa O. Taylor	NAME Lisa O. Taylor	NAME Lisa O. Taylor	
STREET ADDRESS McGuire, Woods, Battle & Boothe	STREET ADDRESS McGuire, Woods Battle & Boothe LLP	STREET ADDRESS 3500 Barnett Center	
CITY-ST-ZIP 3300 Barnett Center	CITY-ST-ZIP 3300 Barnett Center	CITY-ST-ZIP 50 N. Laura St., Jax., FL 32202	
TITLE 50 N. Laura Street	TITLE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jacksonville, FL 32202	NAME	NAME	
STREET ADDRESS Jacksonville, FL 32202	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP Jacksonville, FL 32202	CITY-ST-ZIP	CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Lisa O. Taylor **REQUIRED** 1/6/00 (909) 798-2607

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

CR2E034 (9/99)