

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

722890



DOCUMENT # S19182

1. Entity Name

LAUDERDALE ANALYTICS INC.

Principal Place of Business

C/O IRWIN S. MEYER  
1 BLUE HILL PLAZA, SUITE 1006, BOX 1663  
PEARL RIVER NY 10965-8663

Mailing Address

4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

XL CORPORATE SERVICES, INC.  
4435 OLD WINTER GARDEN RD.  
ORLANDO FL 32802

Name

Street Address

City

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required)

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
MEYER, IRWIN S  
1 BLUE HILL PLAZA, STE. 1006, BOX 1663 N/A  
PEARL RIVER NY

☐ Delete

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address with all other like empowered.

SIGNATURE: IRWIN S. MEYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #