2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2004 8:00 am Secretary of State

| DOCUMENT # V17001 1. Entity Name SUDSCO, INC. | | | | | | i | 03-26-2004 | 4 90032 03 | 50 ***150 | 0.00 | |
|--|---|---------------------|--------------------|-------------------------------|--------------|--|-------------------|---------------|--------------------|---------------------------|--|
| Principal Place of Business 1 100 LINTON BŁVD 1 1000 MARKET STREET SUITE C9 DELRAY BEACH, FL 33444 US Mailing Address 1 000 MARKET STREET BLDG 1 PORTSMOUTH, NH 03802 | | | | US | | 1 (65)(61)(67) | | | is sisii sraji šis | IIIEBI M IBS1 | |
| I ' | ace of Business | 3. Mailing Address | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 01222004 | Chg-P | CR2E0 | 34 (10/03) | | |
| City & State | • | City & State | | | | 4. FEI Number Applied F 65-0332130 Not Appli | | | | | |
| Zip | Seach, FC Country | Zip | Zip Country | | | | of Status Desired | | \$8.75 Add | ot Applicable ditional | |
| 33483 | 6. Name and Address of Current Registered Agent | | | | | | Address of New | | Fee Require | d | |
| CORPORATION INFORMATION SERVICES INC. | | | | | Name | | | | | | |
| 1201 HAYS | | 323 IIVO. | Street Address | | | (P.O. Box Number is Not Acceptable) | | | | | |
| THERMINOUE, I & SESSI | | | | | | | | | | | |
| | | | | | | | | FL | Zip Cod | | |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | | |
| TITLE | P OFFICERS AND | D Delete | 11. TITLE | E | | ADDITIONS | CHANGES TO O | FFICERS AND | DIRECTOR: Change | S IN 11 | |
| NAME STREET ADDRESS | WALSH, MARK 1100 LINTON BLVD,C-9 | | NAM | E I | , oo | 1 E. CH | ortic Qu | ر 5 سا | <i>y</i> | _ | |
| CITY-ST-ZIP | DELRAY BEACH, FL | | - | -ST-ZIP | | | ch'EC = | | | <u> </u> | |
| TITLE NAME | BERGÉR, ANDREW | Delete | TITLE | | | - | | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS - ST-ZIP | 1001 19CF | Delroy Brach, FC 33483 | | | | | |
| TITLE NAME | S CRITCHFIEID, RICHARD H. | ☐ Delete | TITLE | , I | | • | | | Change | ☐ Addition | |
| STREET ADDRESS | 1100 LINTON BLVD STE C-90 | | STRE | EET ADDRESS | 1001 | e ofto | micaus | e, Sui | + c 20 | 1 | |
| TITLE | DELRAY BEACH, FL | ☐ Delete | TITLE | | DO 7 | ax soc | ich, er | . 3348 | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAM Stre | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | ☐ Delete | CITY | '-ST-ZIP | | | ···· | | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | La Delete | NAM STRE | | | | | | Unange | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | CITY | NE EET ADDRESS '-ST-ZIP | | | | | ☐ Change | ☐ Addition | |
| 12. 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 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 report of trustee embowered to grecute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or own attachment with an arthress, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. | | | | | | | | | | | |