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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V19458 (1) 1. Corporation Name SIX SIGMA, INC.			
Principal Place of Business 8310 MERGANSER DRIVE PONTE VEDRA BEACH FL 32082 US		Mailing Address 14286 BEACH BLVD. #28 JACKSONVILLE FL 32250-1569 US	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 P.O. Box 1252 26 Suite, Apt. #, etc. 27 City & State 28 Ponte Vedra, FL 29 Zip 30 32004	
9. Name and Address of Current Registered Agent KOZIKOWSKI, RAY 8310 MERGANSER DR. PONTE VEDRA BEACH FL 32082		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP NAME: KOZIKOWSKI, RAY STREET ADDRESS: 8310 MERGANSER DRIVE CITY, ST, ZIP: PONTE VEDRA BEACH FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE: VP NAME: VADNAIS, JOHN STREET ADDRESS: P.O. BOX 340 CITY, ST, ZIP: EAST GREENBUSH NY		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE: VP NAME: BURNS, V. DAVID STREET ADDRESS: 13 UDDIKE MILLS ROAD CITY, ST, ZIP: BELLEMEADE NJ		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE: VP NAME: ROSSI, DAVID J STREET ADDRESS: 41 MOUNT KIMBLE AVENUE CITY, ST, ZIP: MORRISTOWN NJ		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE: VP NAME: SALZILLO, MIKE J STREET ADDRESS: 192 DICKENS COURT CITY, ST, ZIP: SOMERSET NJ		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an amendment with an address.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)