FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2002 8:00 am Secretary of State 05-09-2002 90012 013 ***150.00

DOCUMENT # V42447			03 03 2002 300	12 013 130.00
WKLIAMS EARTH SC	iences, INC	, v		
DO NOT WRITE	IN THIS SP	ACE		
2. Principal Place of Business 10600 ENGRAVOUR WAY 10/900 ENGRAVOUR		YOUR WAY	800929	88
Suite, Apt. #, etc.	Suite. Apt. #, etc.		DO NOT WRITE IN THIS S	
City & State LARGO FL	City & State LARGO FL		4. FEI Number 59-9142760	Applied For Not Applicable
Zip 23777 Country USA	41P 38777	Country USA		8.75 Additional
DO NOT WI		Name MAK	CIA L. STERN	Agent
IN THIS SP	医加斯基斯氏试验 医多牙后 医静脉管	(P.O. Box Number is Not Acceptable)	
		City 1480	<i>Endeavour Way</i> On FL	Zip Spog 22
8. The above named entity submits this statement for	the purpose of changing its re	egistered office or register		1 937//
SIGNATURE Signature, typed or printed name of registered agent an	MARUA «	C.S. Len W Registered Agent signature required	s when reinstating) Algaloa DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	January 1 - Ma After May 1 Amended	y il Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND D	IRECTORS	TIVLE		
NAME STREET ADDRESS 10600 ENJEAVOUR WAS CITY-ST-ZIP LARGO FL 33777	1	NAME STREET ADDRESS CITY: ST-ZIP		CR2E034B (12/01)
TITLE SEATMENSUREN (T/S NAME ROMALD C. WILLIAMS STREET ADDRESS		TITLE NAME STREET ADDRESS		CRZEG
TITLE STOP SAME		CITY-ST-ZIP		v. j. 2
NAME WOARREL-BURNETT		NAME STREET ADDRESS	DO NOT WOL	1 1997,150
CITY-ST-ZIP SAME		CITY-ST-ZIP TITLE	DO NOT WRI	
NAME STREET ADDRESS CITY-ST-ZIP SAME		NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPAC	,E
TITLE SPL VP (V)		TITLE		
STREET ADDRESS CITY-ST-ZIP SAME SAME		STREET ADDRESS CITY-ST-7IP		4.548
TITLE MAME STREET ADDRESS CITY- ST-ZIP SAME SAME SAME		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
13. I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trustee emporattachment with an address, with all other like emporation.	vered to execute this report a	ne exemption stated in Sec	ama lagal offact ac if mada undar actio, that I am	n nu officer or dispoter /
SIGNATURE: MULLI SIGNATURE AND TYPED ON PRI	Stew MA NTED NAME OF SIGNING OFFICER OR		N Pries 4/22/02 121-	541-3444 time Phone #

DDQ0 1000

Attachment BUD90988

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUME 1. Entity Name	NT # \42447			
WILLIA	ams EARth.	Sciences	INC.	
DC	NOT WRITE	E IN THIS	SPACE	
2. Principal Place of Business :		3. Mailing Address		·
Suite, Apt. #, etc.		Suite. Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City & S		City & State		4. FEI Number Q-QKI2 O/A Applied For
Zip	Country	Zip Country		5. Certificate of Status Desired Sa.75 Additional
				Fee Required 7. Name and Address of Current Registered Agent
	DO NOT W	/PITE	Name	
	IN THIS S	a Taraan ka ta la ka ay	Street Address	(P.O. Box Number is Not Acceptable)
		AUE	- 보호 선물 (1985년) - 1일 (1985년) - 1일 (1985년)	
			City	FL Zip Code
8. The above name	ed entity submits this statement for	or the purpose of changing	ng its registered office or registe	ered agent, or both, in the State of Florida.
SIGNATURE 2	maa I Ster	~ MAR	WAL STERN	4/22/02
•	are, typed or printed name of registered agent	STATE OF THE PERSON NAMED IN COLUMN TWO	(NOTE: Registered Agent signature require	ed when reinstating) DATE
	is eligible to satisfy its Intangible ement and elects to do so. back)	After	1-May/1 (Fools \$15000) May/1, [Fools \$55000) mosq Wards \$50125 ayablo (o Department of §2	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND	DIRECTORS	A STATE OF THE STA	representation (Inc.)
NAME SR	VP (V) NNE D. Strader		TITLE NAME	
		•	STREET ADDRESS	
TITLE Co.)	SAME		CITY-ST-ZIP	BAC MERCHEN AND TRANSPORT AND
NAME VICE	γγ (V)		TITLE	
STREET ADDRESS JOHN E. DARLING CITY-ST-ZIP SAME		STREET ADDRESS		
TITLE	١١١١١		TITLE	
NAME - STOCKE	*		SOME SAFE SOME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE			TITLE	IN THIS SPACE
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-7IP	
TITLE			ine	
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-7IP	
TITLE			TMLE	
NAME STREET ADDRESS		NAME. Street address		
CITY-ST-ZIP			CITY_ST_ZIP	
 I hereby certify t indicated on this of the corporation 	that the information supplied with s report or supplemental report is on or the receiver or trustee and	this filing does not qualify true and accurate and the	y for the exemption stated in Senat my signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 07 Florida Statutes; and that my game appears in Block 11 or on an

PAGE 1 OF 9