

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90012 011 ***550.00

0138694 AT

DOCUMENT # P38937

1. Entity Name
IMS-NET OF CENTRAL FLORIDA, INC.

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| Principal Place of Business 15000 WEST 6TH AVE., STE. 400 GOLDEN CO 80401 US | Mailing Address 15000 WEST 6TH AVE., STE. 400 GOLDEN CO 80401 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business <i>1175 Peachtree Street</i> Suite, Apt. #, etc. <i>100 Colony Square, Suite 2400</i> City & State <i>Atlanta, GA</i> Zip <i>30361</i> | 3. Mailing Address <i>1175 Peachtree Street</i> Suite, Apt. #, etc. <i>100 Colony Square, Suite 2400</i> City & State <i>Atlanta, GA</i> Zip <i>30361</i> |
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4. FEI Number **84-1199836** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 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 P/D NAME HAUPT, WILLIAM STREET ADDRESS 15000 WEST 6TH AVE., STE. 400 CITY-ST-ZIP GOLDEN CO 80401 | <input checked="" type="checkbox"/> Delete | TITLE P/D NAME Thomas P. Apker STREET ADDRESS 669 River Drive, Center 2 CITY-ST-ZIP Elmwood Park, NJ 07407 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE V NAME SMELTZ, RICHARD STREET ADDRESS 15000 WEST 6TH AVE., STE. 400 CITY-ST-ZIP GOLDEN CO 80401 | <input checked="" type="checkbox"/> Delete | TITLE V/D NAME Rick D. Solano STREET ADDRESS 669 River Drive, Center 2 CITY-ST-ZIP Elmwood Park, NJ 07407 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D NAME CUMMINGS, DESMOND STREET ADDRESS 15000 WEST 6TH AVE., STE. 400 CITY-ST-ZIP GOLDEN CO 80401 | <input checked="" type="checkbox"/> Delete | TITLE P/D NAME Rick G. Kayman STREET ADDRESS 669 River Drive, Center 2 CITY-ST-ZIP Elmwood Park, NJ 07407 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D NAME SHAW, TERRY STREET ADDRESS 15000 WEST 6TH AVE., STE. 400 CITY-ST-ZIP GOLDEN CO 80401 | <input checked="" type="checkbox"/> Delete | TITLE S NAME Chris Lemens STREET ADDRESS 1175 Peachtree Str., 100 Colony Square, STE 2400 CITY-ST-ZIP Atlanta, GA 30361 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D NAME KOLLURI, KRISHNA S STREET ADDRESS 15000 W 6TH AVE STE 400 CITY-ST-ZIP GOLDEN CO 80401 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: SIGNATURE REQUIRED 9/16/2001 (201) 703-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)