

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90035 019 ***150.00

DOCUMENT # F000000005099
1. Entity Name
Kx Systems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3121 Commodore Plaza</u> Suite, Apt. #, etc. <u>#4</u> City & State <u>Miami Florida</u> Zip <u>33133</u> Country <u>USA</u>		3. Mailing Address <u>3437 N. Moorings Way</u> Suite, Apt. #, etc. City & State <u>Miami Florida</u> Zip <u>33133</u> Country <u>USA</u>	
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4. FEI Number <u>93-1213240</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Lustgarten, Janet</u>
Street Address (P.O. Box Number is Not Acceptable) <u>3437 N. Moorings way</u>
City <u>Miami</u> FL Zip Code <u>33133</u>

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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Lustgarten, Janet</u> <u>3437 N. Moorings way</u> <u>Miami Florida 33133</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Arthur Whitney</u> <u>3437 N. Moorings way</u> <u>Miami Florida 33133</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034B (12/01)