

2000 UNIFORM BUSINESS REPORT (UBR)

1062

FILED

00 APR 25 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F 98000002514**
 1. Entity Name **HR Logic Paralign, Inc.**

Principal Place of Business _____ Mailing Address _____

2. Principal Place of Business **4222 E. Thomas Rd.** Suite, Apt. #, etc. **Suite 400**
 3. Mailing Address **2621 VAN BUREN AVE.** Suite, Apt. #, etc. _____

City & State **Phoenix, AZ** City & State **NORRISTOWN PA**
 Zip **85018** Country _____ Zip **19403** Country **USA**

4. FEI Number **86-0668568** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH 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 _____ State **FL** Zip Code _____

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	See Attached
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT & CEO
STREET ADDRESS	CRAIG P. COY
CITY-ST-ZIP	2621 VAN BUREN AVE
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EXEC. V.P.
STREET ADDRESS	AVEN A. KERR
CITY-ST-ZIP	2621 VAN BUREN AVE
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	CHRISTINA D. HARRIS
CITY-ST-ZIP	2621 VAN BUREN AVE
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER
STREET ADDRESS	EDWIN A. NEUMANN
CITY-ST-ZIP	2621 VAN BUREN AVE
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003246083--1
STREET ADDRESS	-05/10/00--01012--010
CITY-ST-ZIP	***150.00 ***150.00*
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing 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, changed, or on an attachment with an affidavit, with an equal like empowered.

SIGNATURE: **EDWIN A. NEUMANN** 4/2/2001 610-650-4813
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR