

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F98000004425**

1. Entity Name  
**PRODELIN CORPORATION**

Principal Place of Business  
**565 FIFTH AVE., 17TH FL.  
NEW YORK NY 10017**

Mailing Address  
**2600 N LONGVIEW ST  
KILGORE TX 75662**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-1550098**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

Signature, typed or printed name of registered agent and title if applicable.

(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)

**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 NAME  Delete  
**CEO/D  
SHILLITO, WILLIAM  
1700 NE CABLE DR  
CONOVER NC 28613**

TITLE NAME  Change  Addition  
**CEO/P/D**

TITLE NAME  Delete  
**P  
BOWMAN, LARRY A  
1700 NE CABLE DR.  
CONOVER NC 28613**

TITLE NAME  Change  Addition  
**800004603228--2  
-09/20/01--01089--005  
\*\*\*\*550.00 \*\*\*\*550.00**

TITLE NAME  Delete  
**VTSD  
MCMANUS, GARY  
1700 NE CABLE DR.  
CONOVER NC 28613**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**V  
SHOEMAKE, MARVIN  
1700 NE CABLE DR.  
CONOVER NC 28613**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  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 of William L. Shillito*

William L. Shillito

7/24/01

828-466-9101

0138498 AB

FILED

01 SEP -7 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)