

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90180 039 ***150.00

DOCUMENT # G35222

1. Entity Name
I-LINK INCORPORATED

Principal Place of Business 13751 SOUTH WADSWORTH PARK DRIVE SUITE 200 DRAPER UT 84020	Mailing Address 13751 SOUTH WADSWORTH PARK DRIVE SUITE 200 DRAPER UT 84020
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2291344		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ 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 \$150.00 After May 1, 2002 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDY, DAVID			NAME	HOLLINGWORTH, JEFF L.		
STREET ADDRESS	13751 SOUTH WADSWORTH PARK DRIVE, STE 200			STREET ADDRESS	13751 S. WADSWORTH PK DR, #200		
CITY-ST-ZIP	DRAPER UT 84020			CITY-ST-ZIP	DRAPER, UTAH 84020		
TITLE	CFO	<input checked="" type="checkbox"/> Delete		TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMES, JOHN M			NAME	SELTZER, HELEN		
STREET ADDRESS	13751 SOUTH WADSWORTH PARK DRIVE, STE 200			STREET ADDRESS	13751 S. WADSWORTH PK DR, #200		
CITY-ST-ZIP	DRAPER UT 84020			CITY-ST-ZIP	DRAPER, UTAH 84020		
TITLE	D	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOH, HENRY			NAME	GIAUQUE, JAMES A.		
STREET ADDRESS	13751 SOUTH WADSWORTH PARK DRIVE, STE 200			STREET ADDRESS	13751 S. WADSWORTH PK, DR, #200		
CITY-ST-ZIP	DRAPER UT 84020			CITY-ST-ZIP	DRAPER, UT 84020		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADFORD, DAVID R			NAME	WASSERSON, GARY J.		
STREET ADDRESS	13751 SOUTH WADSWORTH PARK DRIVE, STE 200			STREET ADDRESS	13751 S. WADSWORTH PK DR, #200		
CITY-ST-ZIP	DRAPER UT 84020			CITY-ST-ZIP	DRAPER, UTAH 84020		
TITLE	DCEO	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, JOHN W			NAME	SILBER, ALLEN C.		
STREET ADDRESS	13751 SOUTH WADSWORTH PARK DRIVE, STE 200			STREET ADDRESS	13751 S. WADSWORTH PK DR, #200		
CITY-ST-ZIP	DRAPER UT 84020			CITY-ST-ZIP	DRAPER, UTAH 84020		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEATON, HAL B			NAME			
STREET ADDRESS	13751 SOUTH WADSWORTH PARK DRIVE, STE 200			STREET ADDRESS			
CITY-ST-ZIP	DRAPER UT 84020			CITY-ST-ZIP			

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]* DATE: Feb 07, 2002 DAYTIME PHONE #: (801) 576-5000

CR2E034 (9/01)