

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90043 006 ***150.00

DOCUMENT # P14085

1. Entity Name

NAMASCO CORPORATION

Principal Place of Business

P.O. BOX 5116
 TAMPA, FL 33675-5116

Mailing Address

5775 GLENRIDGE DR.
 BLDG. C, SUITE 110
 ATLANTA, GA 30328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

38-0246626

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOEDECKER, JAMES
 907 S 20TH STREET
 TAMPA, FL 33605

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 \$150.00
After MAY 1, 2001, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MUESERS, RAIMUND	5775 GLENRIDGE DR. BLDG. C S. 110	ATLANTA, GA 30328	<input type="checkbox"/>
	GEORG BUDENBENDER	5775 GLENRIDGE DR. BLDG. C S. 110	ATLANTA, GA 30328	<input type="checkbox"/>
	HERMANN KOEGER	5775 GLENRIDGE DR. BLDG. C. S. 110	ATLANTA, GA 30328	<input type="checkbox"/>
	ROLAND STRASSBURGER	5775 GLENRIDGE DR. BLDG. C. S. 110	ATLANTA, GA 30328	<input type="checkbox"/>
	KIRK JOHNSON	5775 GLENRIDGE DR. BLDG. C S. 110	ATLANTA, GA 30328	<input type="checkbox"/>
	BERNARD C. O'BRIEN	5775 GLENRIDGE DR. BLDG. C S. 110	ATLANTA, GA 30328	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

404 267 8814

Daytime Phone #

CR2E034 (11/00)