

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90154 001 *4,400.00

DOCUMENT # P30371

1. Entity Name
ECOGARD, INC.

| | |
|---|---|
| Principal Place of Business 1301 GERVAIS ST SUITE 300 COLUMBIA SC 29201 | Mailing Address 1301 GERVAIS ST SUITE 300 COLUMBIA SC 29201 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |



DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------|--|
| 4. FEI Number 61-1179404 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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 _____ **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 _____ (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 | |
|---|--|
| TITLE PD | <input checked="" type="checkbox"/> Delete |
| NAME WINGER, KENNETH W | |
| STREET ADDRESS 1301 GERVAIS ST, STE 300 | |
| CITY-ST-ZIP COLUMBIA SC 29201 | |
| TITLE S | <input checked="" type="checkbox"/> Delete |
| NAME TAYLOR, HENRY H | |
| STREET ADDRESS 1301 GERVAIS ST, STE 300 | |
| CITY-ST-ZIP COLUMBIA SC 29201 | |
| TITLE CFO | <input checked="" type="checkbox"/> Delete |
| NAME HUMPHREYS, PAUL R | |
| STREET ADDRESS 1301 GERVAIS ST, STE 300 | |
| CITY-ST-ZIP COLUMBIA SC 29201 | |
| TITLE VP | <input checked="" type="checkbox"/> Delete |
| NAME BRAGAGNOLO, MICHAEL J | |
| STREET ADDRESS 1301 GERVAIS ST, STE 300 | |
| CITY-ST-ZIP COLUMBIA SC 29201 | |
| TITLE VPD | <input checked="" type="checkbox"/> Delete |
| NAME ROCCO, JAMES V. | |
| STREET ADDRESS 3499 BLAZER PARKWAY | |
| CITY-ST-ZIP LEXINGTON KY | |
| TITLE AST | <input checked="" type="checkbox"/> Delete |
| NAME JONES, RICHARD A | |
| STREET ADDRESS 3499 BLAZER PWKY | |
| CITY-ST-ZIP LEXINGTON KY 40509 | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Henry H. Taylor | |
| STREET ADDRESS 1301 Gervais Street | |
| CITY-ST-ZIP Columbia, SC 29201 | |
| TITLE S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Shawn L. DeJames | |
| STREET ADDRESS 1301 Gervais Street | |
| CITY-ST-ZIP Columbia, SC 29201 | |
| TITLE CFO/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME LARRY W. Singleton | |
| STREET ADDRESS 1301 Gervais Street | |
| CITY-ST-ZIP Columbia, SC 29201 | |
| TITLE VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Roy Dean Bullinger | |
| STREET ADDRESS 1301 Gervais Street | |
| CITY-ST-ZIP Columbia, SC 29201 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 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: Henry H. Taylor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-8-01 Daytime Phone #: 803-533-4279

CR2E034 (10/00)