

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

DOCUMENT # **P94000094058**

1. Entity Name
GEOVERSE, INC.



FILED

03 MAR 10 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**555 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325
US**

Mailing Address
**555 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0543457**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**POLTORACK, RONALD D
555 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325**

7. Name and Address of New Registered Agent
Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
City
TALLAHASSEE FL Zip Code
32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Brian Courtney*
Signature, typed or printed name of registered agent and title if applicable. **Brian Courtney**
Asst. V. Pres.
(NOTE: Registered Agent signature required when reinstating) DATE **3/10/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** Delete
NAME **BALLOCK, GEORGE P**
STREET ADDRESS **853 SOUTH WIND CIRCLE**
CITY-ST-ZIP **SUNRISE FL 33326-2133**

TITLE **C/D** Change Addition
NAME **Rudolph John Lehman**
STREET ADDRESS **417 5th St.**
CITY-ST-ZIP **MARIETTA, OHIO 45750**

TITLE **SDV** Delete
NAME **POLTORACK, RONALD D**
STREET ADDRESS **555 SAWGRASS CORPORATE PARKWAY**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **P** Change Addition
NAME **John F. Spisak**
STREET ADDRESS **27819 State Route 7**
CITY-ST-ZIP **MARIETTA, OHIO 45750**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M** Change Addition
NAME **L. MARK KNOLLE**
STREET ADDRESS **Route 6, Box 305 Collins Rd.**
CITY-ST-ZIP **Marietta, OHIO 45750**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Change Addition
NAME **John A. Walsh**
STREET ADDRESS **1 Rivercrest**
CITY-ST-ZIP **Vienna, West Virginia 26105**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **1 TO** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500013730965

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John A. Walsh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **3-1-03** Daytime Phone # **740.374.3613**

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 959912 7370596
AUTHORIZATION : Patricia Pizant
COST LIMIT : \$ 150.00

ORDER DATE : March 10, 2003
ORDER TIME : 11:12 AM
ORDER NO. : 959912-005
CUSTOMER NO: 7370596
CUSTOMER: John A. Walsh
Alliance Industries, Inc.
Reno Industrial Complex
27811 State Route 7
Marietta, OH 45750

RECEIVED
03 MAR 10 PM 12:54
DIVISION OF CORPORATION

CHANGE OF AGENT

NAME: GEOVERSE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: _____