

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90012 030 ***550.00

DOCUMENT # F92000000033

1. Entity Name
SYSTEMS & PROGRAMMING CONSULTANTS, INC.

Principal Place of Business

212 SOUTH TRYON ST.
 SUITE 700
 CHARLOTTE NC 28281
 US

Mailing Address

212 SOUTH TRYON ST.
 SUITE 700
 CHARLOTTE NC 28281
 US

RU012721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

31440 NORTHWESTERN

3. Mailing Address

31440 NORTHWESTERN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FARM HILLS, MI

Zip
48334

Country
U.S.A.

City & State
FARM HILLS, MI

Zip
48334

Country
U.S.A.

4. FEI Number **57-0695246**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOLINO, JAY
8875 HIDDEN RIVER PARKWAY
LAKEVIEW BUILDING, SUITE 270
TAMPA FL 33637

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 _____ 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.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARLISLE, THOMAS G	
STREET ADDRESS	212 SOUTH TRYON ST.	
CITY-ST-ZIP	CHARLOTTE NC 28281	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARLISLE, RICHARD K	
STREET ADDRESS	212 SOUTH TRYON ST.	
CITY-ST-ZIP	CHARLOTTE NC 28281	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARTER, JEFF	
STREET ADDRESS	212 SOUTH TRYON ST.	
CITY-ST-ZIP	CHARLOTTE NC 28281	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GALLAGHER, ROBERT J	
STREET ADDRESS	212 S TRYON ST., SUITE 270	
CITY-ST-ZIP	CHARLOTTE NC 28281	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eliot Stark	
STREET ADDRESS	31440 NORTHWESTERN	
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334-2504	
TITLE	YSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Costello, Jr.	
STREET ADDRESS	31440 NORTHWESTERN HWY	
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334-2504	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Fournier	
STREET ADDRESS	31440 NORTHWESTERN	
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334-2504	
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: Thomas Costello Jr. Thomas Costello Jr. **8-9-00** **348.737-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)