

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90012 049 ***150.00

DOCUMENT # F97000000411

1. Entity Name
DPIC MANAGEMENT SERVICES CORPORATION

Principal Place of Business 9 FARM SPRINGS ROAD FARMINGTON CT 06032	Mailing Address 9 FARM SPRINGS ROAD FARMINGTON CT 06032
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 9300 Arrowpoint Blvd.
--------------------------------	--

Suite, Apt. #, etc.	Suite, Apt. #, etc. MS1313
---------------------	--------------------------------------

City & State	City & State Charlotte, NC
--------------	--------------------------------------

4. FEI Number 06-1459318	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 28273	Country Mecklenburg
---------------------	-------------------------------

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE *Laura R. Dunlap*
Signature, typed or printed name of registered agent and title if applicable.

**Laura R. Dunlap
 as its agent**

(NOTE: Registered Agent signature required when reinstating)

2/9/01
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	VPT GOWEN, LAWRENCE W 9300 ARROWPOINT BLVD CHARLOTTE NC 28201	<input type="checkbox"/> Delete
--	--	---------------------------------

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, W MARSTON 9 FARM SPRINGS RD FARMINGTON CT 06032	<input checked="" type="checkbox"/> Delete
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terry Broderick 9300 Arrowpoint Blvd. Charlotte, NC 28273	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEMERARO, DAVID B 9 FARM SPRINGS ROAD FARMINGTON CT 06032	<input checked="" type="checkbox"/> Delete
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Controller Peter M. Vinci 9300 Arrowpoint Blvd. Charlotte, NC 28273	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO OKARMA, THOMAS M 2959 MONTEREY/SALINAS HWY MONTEREY CA 93940	<input checked="" type="checkbox"/> Delete
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	William T. Meisen COO 6605 S.E. Lake Road Portland, OR 97269	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANTON, MICHAEL A 100 CAPITOLA DR #104 DURHAM NC 27713	<input type="checkbox"/> Delete
--	--	---------------------------------

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPITZER, JUDY S 9 FARM SPRINGS RD FARMINGTON CT 06032	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	9300 Arrowpoint Blvd. Charlotte, NC 28273	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	--

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: *Judy S. Spitzer* **Judy S. Spitzer, Corp. Secty** **2/23/01** **704-522-2841**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/00)