

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005741

1. Entity Name

NETCOMPLIANCE PRODUCTS & SERVICES, INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90095 038 ***150.00

Principal Place of Business

Mailing Address

101 EAST 8TH STREET, SUITE 250
VANCOUVER WA 98660

101 EAST 8TH STREET, SUITE 250
VANCOUVER WA 98660-3294

2. Principal Place of Business

3. Mailing Address

101 East 8th Street

101 East 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 250

Suite 250

City & State

City & State

Vancouver, WA

Vancouver, WA

Zip

Country

Zip

Country

98660

USA

98660

USA

4. FEI Number

91-1959816

Applied For

Not Applicable

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

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

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, 2000 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 ~~CEO~~ ☐ Delete
NAME DOMENECH, JOHN
STREET ADDRESS 13 PARK PLAZA
CITY-ST-ZIP BOZEMAN MT 58718

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ANDREWS, LLOYD
CITY-ST-ZIP 4995 WEST VILLAGE BLVD.
RATHDRUNA ID 83858

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LAWSON, EDWARD M SENATOR
CITY-ST-ZIP 3289 CANTERBURY DRIVE
SURREY, B.C., CANADA

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

TITLE ☐ Delete
NAME D
STREET ADDRESS RIBAUDO, M. MICHAEL DR.
CITY-ST-ZIP 450 NORTH NEW BALLAS ROAD, SUITE 204
ST. LOUIS MO 63141-6836

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DOYLE, DAVID LT.GEN.
CITY-ST-ZIP 8809 BELL MOUNTAIN DRIVE
AUSTIN TX 78730-2852

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HUGHES, MARJORIE
CITY-ST-ZIP 5559 BANBRIDGE DRIVE
HARRISBURG PA 17112-2202

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Domenech/COO

Date

Daytime Phone #

3-24-00