

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-01-2001 90012 046 ***150.00

DOCUMENT # P25389
 1. Entity Name
DPIC COMPANIES, INC.

Principal Place of Business 9 FARM SPRINGS RD FARMINGTON CT 06032	Mailing Address 9 FARM SPRINGS RD FARMINGTON CT 06032
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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	
Zip	Country	Zip 28273	Country Mecklenburg

4. FEI Number 77-0209351	Applied For <input type="checkbox"/>
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
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, registered agent, or both, in the State of Florida.

SIGNATURE *Laura R. Dunlap* **Laura R. Dunlap as its agent** DATE **2/9/01**

Signature, typed or printed name of registered agent and fee 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 \$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 VPT	<input type="checkbox"/> Delete
NAME GOWEN, LAWRENCE	
STREET ADDRESS 9300 ARROWPOINT BLVD.	
CITY-ST-ZIP CHARLOTTE NC 28201	
TITLE DP	<input checked="" type="checkbox"/> Delete
NAME OKARMA, THOMAS M	
STREET ADDRESS 2959 MONTEREY/SALINAS HIGHWAY	
CITY-ST-ZIP MONTEREY CA 93940	
TITLE S	<input type="checkbox"/> Delete
NAME SPITZER, JUDY S	
STREET ADDRESS 9 FARM SPRINGS RD	
CITY-ST-ZIP FARMINGTON CT 06032	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME SEMERARO, DAVID B	
STREET ADDRESS 9 FARM SPRINGS RD	
CITY-ST-ZIP FARMINGTON CT	
TITLE DC	<input checked="" type="checkbox"/> Delete
NAME BECKER, W MARSTON	
STREET ADDRESS 9 FARM SPRINGS RD	
CITY-ST-ZIP FARMINGTON CT	
TITLE DSVP	<input type="checkbox"/> Delete
NAME WHEELER, JOYCE W	
STREET ADDRESS 9300 ARROWPOINT BLVD.	
CITY-ST-ZIP CHARLOTTE NC 28201	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP
STREET ADDRESS	William T. Meisen
CITY-ST-ZIP	6605 S.E. Lake Road Portland, OR 97269
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9300 Arrowpoint Blvd.
CITY-ST-ZIP	Charlotte, NC 28273
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP & Controller
STREET ADDRESS	Peter M. Vinci
CITY-ST-ZIP	9300 Arrowpoint Blvd. Charlotte, NC 28273
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chairman
STREET ADDRESS	Terry Broderick
CITY-ST-ZIP	9300 Arrowpoint Blvd. Charlotte, NC 28273
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: *Judy S. Spitzer* **Judy S. Spitzer, Corp. Secty** DATE: **2/23/01** PHONE: **704-522-2841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)