

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046173

1. Entity Name

DELPHI PERFORMANCE CONSULTING, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90023 042 ***158.75

Principal Place of Business

Mailing Address

3837 S.W. 93RD TERRACE
 GAINESVILLE FL 32608

3837 S.W. 93RD TERRACE
 GAINESVILLE FL 32608-8601

2. Principal Place of Business

3. Mailing Address

901 NW 57th Street

901 NW 57th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3513694

Applied For

Not Applicable

Zip

32605

Country

USA

Zip

32605

Country

USA

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

RICE, STEPHEN K
 3837 S.W. 93RD TERRACE
 GAINESVILLE FL 32608

Name **Bovay, Jack**

Street Address (P.O. Box Number is Not Acceptable)

901 NW 57th Street

City

Gainesville

FL

Zip Code

32605

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

3/14/2000

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 **P** Delete
 NAME **RICE, KAREN COLLINS**
 STREET ADDRESS **3837 S.W. 93RD TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
 NAME **New address for K.C. Rice:**
 STREET ADDRESS **10666 NE Manor Lane**
 CITY-ST-ZIP **Bainbridge Island, WA 98110**

TITLE **VTS** Delete
 NAME **RICE, STEPHEN K**
 STREET ADDRESS **3837 S.W. 93RD TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
 NAME **New address for S.K. Rice:**
 STREET ADDRESS **10666 NE Manor Lane**
 CITY-ST-ZIP **Bainbridge Island, WA 98110**

TITLE **V** Delete
 NAME **IANSITI, CHRISTOPHER E**
 STREET ADDRESS **9824 SW 34TH RD**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
 NAME **New address for C.E. Iansiti:**
 STREET ADDRESS **719 Glen Way NE**
 CITY-ST-ZIP **Atlanta, GA 30319**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Stephen K. Rice
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00
 Date

206-842-7442
 Daytime Phone #

CR2E014 (0001)