

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90092 023 \*\*\*158.75

DOCUMENT # **L40222**

1. Corporation Name

~~WPI HUSKY COMPUTERS, INC.~~

WPI HUSKY TECHNOLOGY, INC.

Principal Place of Business

18167 US HIGHWAY 19N  
STE - 285  
CLEARWATER FL 34624  
US

Mailing Address

18167 US HIGHWAY 19N  
STE - 285  
CLEARWATER FL 34624  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1989

4. FEI Number

59-2984538

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LAMB, LONNY W  
18167 US HIGHWAY 19 N  
STE - 285  
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C  
NAME FOSTER, M  
STREET ADDRESS 1155 ELM ST  
CITY-ST-ZIP MANCHESTER NH

TITLE ☐ DELETE

S  
NAME TULE, M B  
STREET ADDRESS 1155 ELM ST  
CITY-ST-ZIP MANCHESTER NH

TITLE ☒ DELETE

P  
NAME LAMB, LONNY  
STREET ADDRESS 18167 UW HWY 19N STE 285  
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ DELETE

T  
NAME DEEGAN, D M  
STREET ADDRESS 1155 ELM ST  
CITY-ST-ZIP MANCHESTER NH

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PC ☒ Change ☐ Addition

1.2 NAME FOSTER, M  
1.3 STREET ADDRESS 1155 ELM ST  
1.4 CITY-ST-ZIP MANCHESTER, NH

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME POWERS, JW  
4.3 STREET ADDRESS 1155 ELM ST  
4.4 CITY-ST-ZIP MANCHESTER, NH

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Tule*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

603-627-3500

Date

Daytime Phone #

CR2E034 (1/98)