

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014247

1. Entity Name

FARO TECHNOLOGIES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90073 001 \*\*\*317.50

Principal Place of Business

125 TECHNOLOGY PARK  
LAKE MARY FL 32746

Mailing Address

125 TECHNOLOGY PARK  
LAKE MARY FL 32746-6204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3157093

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

TRABER, MARTIN A.  
FOLEY & LARDNER  
100 N. TAMPA STREET, #2700  
TAMPA FL 33602

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 DP ☐ Delete  
NAME RAAB, SIMON  
STREET ADDRESS 125 TECHNOLOGY PARK  
CITY-ST-ZIP LAKE MARY FL

TITLE D ☐ Change ☒ Addition  
NAME Norman H. Schipper  
STREET ADDRESS 250 Yonge St., Ste. 2400, Box 24  
CITY-ST-ZIP Toronto, ON, Canada M5B 2M6

TITLE DST ☐ Delete  
NAME FRASER, GREGORY A  
STREET ADDRESS 125 TECHNOLOGY PARK  
CITY-ST-ZIP LAKE MARY FL

TITLE D ☐ Change ☒ Addition  
NAME Alexandre Raab  
STREET ADDRESS 675 Cochrane Dr., Ste. 504  
CITY-ST-ZIP Markham, ON, Canada L3R 0B8

TITLE D ☐ Delete  
NAME D'AMOURS, HUBERT  
STREET ADDRESS 393 RUE SAINT-JACQUES O #258  
CITY-ST-ZIP MONTREAL QU

TITLE V ☐ Change ☒ Addition  
NAME Stuart W. Jones  
STREET ADDRESS 125 Technology Park  
CITY-ST-ZIP Lake Mary, FL 32746

TITLE D ☐ Delete  
NAME COLLEY, PHILIP R  
STREET ADDRESS 4591 HWY 7 E  
CITY-ST-ZIP UNIONVILLE, ONTARIO

TITLE V ☐ Change ☒ Addition  
NAME Edward M. Pelshaw  
STREET ADDRESS 125 Technology Park  
CITY-ST-ZIP Lake Mary, FL 32746

TITLE D ☐ Delete  
NAME JULIEN, ANDRE  
STREET ADDRESS 1925 32ND AVE  
CITY-ST-ZIP LACHINE QU

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)