

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90013 009 ***150.00

DOCUMENT # 845073

1. Entity Name

POWERWARE CORPORATION

Principal Place of Business

Mailing Address

8609 SIX FORKS RD
RALEIGH NC 27615
US

8609 SIX FORKS RD
RALEIGH NC 27615
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 23-2119242

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GUTIERREZ, TOM
STREET ADDRESS 8609 SIX FORKS RD
CITY-ST-ZIP RALEIGH NC ☐ Delete

TITLE PETER MONT
NAME 8609 SIX FORKS ROAD
STREET ADDRESS RALEIGH, NC
CITY-ST-ZIP 27615 ☐ Change ☒ Addition

TITLE VP
NAME DEVYLDER, EDGAR P
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT ☒ Delete

TITLE MICHAEL O'DONNELL
NAME 8609 SIX FORKS ROAD
STREET ADDRESS RALEIGH, NC
CITY-ST-ZIP 27615 ☐ Change ☒ Addition

TITLE CFOV
NAME NICHOLAS, RICHARD
STREET ADDRESS 8609 SIX FORKS RD
CITY-ST-ZIP RALEIGH NC 27615 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 (10/00)