

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91490 050 ***150.00

DOCUMENT # 845073

1. Entity Name

POWERWARE CORPORATION

Principal Place of Business

**8609 SIX FORKS RD
 RALEIGH NC 27615
 US**

Mailing Address

**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, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	GUTIERREZ, TOM	
STREET ADDRESS	8609 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEVYLDER, EDGAR P	
STREET ADDRESS	333 LUDLOW ST	
CITY-ST-ZIP	STAMFORD CT	
TITLE	CFOV	<input type="checkbox"/> Delete
NAME	NICHOLAS, RICHARD	
STREET ADDRESS	8609 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	RENT, PETER	
STREET ADDRESS	8609 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	O'DONNELL, MICHAEL	
STREET ADDRESS	8609 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD NICHOLAS	
STREET ADDRESS	8609 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH, N.C. 27615	
TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA J. TURNER	
STREET ADDRESS	735 POST ROAD EAST	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R NICHOLAS 4/17/02 919 8903451

Date

Daytime Phone #

CR2E034 (9/01)