

# 2000 UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT # B94000000329</b>			
1. Entity Name <b>DELL COMPUTER MARKETING LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>TAX DEPARTMENT P.O. BOX 149256 AUSTIN TX 78714-9256</b>		Mailing Address <b>TAX DEPARTMENT P.O. BOX 149256 AUSTIN TX 78714-9256</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. <b>\$0.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>0.00</b>	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>F94000004092 DELL GEN. P. CORP. ONE DELL WAY ROUND ROCK TX 78682</b>	STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right; font-size: 2em; transform: rotate(-15deg);">BLT</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">400003189034--2</div> <div style="text-align: center; font-weight: bold; font-size: 1.1em;">--03/29/00--01076--017</div> <div style="text-align: center; font-weight: bold; font-size: 1.1em;">****141.25 ****141.25</div>
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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: <u><i>Thomas Armstrong</i></u> <b>Thomas Armstrong</b> 3/14/00 612-228-1795 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>			

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>74-2616805</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

CR2E003 (9/99)