

2002 UNIFORM BUSINESS REPORT (UBR)

0020356 AB

DOCUMENT # B99000000302

1. Entity Name

DELL CATALOG SALES LP.

FILED

02 FEB -8 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

ONE DELL WAY
ROUND ROCK TX 78682

Mailing Address

TAX DEPT.
PO BOX 149256
AUSTIN TX 78714-9256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

74-2683839

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

None

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F99000004186
NAME DELL CATALOG SALES CORPORATION
STREET ADDRESS ONE DELL WAY
CITY-ST-ZIP ROUND ROCK TX 78682

STREET ADDRESS

CITY-ST-ZIP

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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:

R. Thomas Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

R. Thomas Armstrong

Date

1/29/02 512-728-1795

Daytime Phone #

CR2E003 (9/01)