## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR)**

## DOCUMENT #

F0000002871

1. Entity Name

THRU-PUT CORPORATION



**FILED** Aug 26, 2003 8:00 am Secretary of State
08-26-2003 90023 013 \*\*\*550.00

Principal Place of Business C/O MAPICS, INC. 1000 WINDWARD CONCOURSE. SUITE 100 ALPHARETTA GA 30005			C/O N 1000 V	Mailing Address C/O MAPICS, INC. 1000 WINDWARD CONCOURSE, SUITE 100 ALPHARETTA GA 30005					4		
2. Principal F	Place of Busin	3. Maili	3. Mailing Address						<b>()</b> [[]]	1 <b>990</b>   11 <b>0</b>   19 <b>0</b>	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	le	City &	City & State				FEI Number <b>52-2211286</b>			pplied For lot Applicable	
Zip Country			Zip	Zip Cour			5.	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						Name .	7.	Name and Address of New F	egistered	Agent	
NEWMAN, DAVID J						Name Corporation System .					
1126 DEERWOOD LANE OLDSMAR FL 34677						1200	South	Box Number is Not Acceptable Pine Island Roa	<u>d</u>	* *	
OLDSWAN FE 340//						City Dlas			FL	Zip Coo	
		· <u></u>				l' lar	ntati				
	- X7	y submits this statement ered agent.	for the purpo スカル	se of changing its	PA(	CHEL T	istered a	gent, or both, in the State of Flo YES	orida. I am Juli	familiar with,	, and accept
SIGNATURE		or printed name of registered ag	ent and title if appro-	cable. (NOT	E: Registere	Agent signature re	aguirea when	CRETARY	DATE		
After Se	ptember 10	! FEE IS \$550.00 , 2003 Fee will be \$7 o Florida Department						9. Election Campaign Fir Trust Fund Contributio			00 May Be ed to Fees
10.		OFFICERS AN	ID DIRECTOR	RS	11.		A	DDITIONS/CHANGES TO OFF	ICERS AN	DIRECTOR	3S IN 11
TITLE	PTD			☐ Delete	TITLE					☐ Change	Addition
NAME	CASEY, M	IICHAEL J		La ocicio	NAM					onlings	
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with his filling 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 10 or Block 11 if changed, or on an attachment with an address, with high other like empowered. (678)

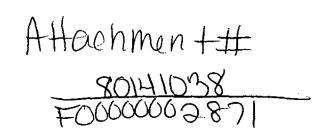
SIGNATURE:

SIQUATUUE RMartin [D. Savallone, Secretary

July 18, 2003

319-8018





July 23, 2003

**Uniform Business Report Division of Corporations** P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Thru-Put Corporation Document No. F00000002871

2003 Uniform Business Report

## Ladies and Gentlemen:

Enclosed please find the 2003 Uniform Business Report for the above-referenced corporation, along with a check in the amount of \$550.00 covering the required filing fee.

Should you have any questions concerning this matter, please contact the undersigned at (678) 319-8018, facsimile (678) 319-8949, or Email at joan larkin@mapics.com.

Very truly yours,

Paralegal/Contract Specialist

**Enclosures**