

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2003 8:00 am
Secretary of State

08-26-2003 90023 013 ***550.00

0118224 AT

DOCUMENT # F00000002871

1. Entity Name
THRU-PUT CORPORATION



Principal Place of Business
**C/O MAPICS, INC.
1000 WINDWARD CONCOURSE, SUITE 100
ALPHARETTA GA 30005**

Mailing Address
**C/O MAPICS, INC.
1000 WINDWARD CONCOURSE, SUITE 100
ALPHARETTA GA 30005**



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 **52-2211286**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NEWMAN, DAVID J
1126 DEERWOOD LANE
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City **Plantation** FL Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rachel T. Hayes*
Signature, typed or printed name of registered agent and title if applicable.

**RACHEL T. HAYES
ASSISTANT SECRETARY**

July 16, 2003

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **CASEY, MICHAEL J**
STREET ADDRESS **1000 WINDWARD CONCOURSE, SUITE 100**
CITY-ST-ZIP **ALPHARETTA GA 30005**

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

TITLE **SD** ☐ Delete
NAME **AVALLONE, MARTIN D**
STREET ADDRESS **1000 WINDWARD CONCOURSE, SUITE 100**
CITY-ST-ZIP **ALPHARETTA GA 30005**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: *Martin D. Avallone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 18, 2003 319-8018

Date Daytime Phone #

CR2E034 (4/03)



Attachment #

80141038
F00000002871

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,

A handwritten signature in cursive script, appearing to read 'Joan Larkin'.
Joan Larkin
Paralegal/Contract Specialist

Enclosures