

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90046 020 \*\*\*150.00

0571516

**DOCUMENT # F00000003656**

1. Entity Name

**FUTURELINK VSI CORP.**

Principal Place of Business

**6 MORGAN, SUITE 100  
IRVINE CA 92618**

Mailing Address

**6 MORGAN, SUITE 100  
IRVINE CA 92618**

2. Principal Place of Business

**6980 Muirkirk Meadows  
Drive**

3. Mailing Address

**2 South Pointe Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Beltsville, MD**

City & State

**Lake Forest, CA**

Zip

**20705**

Country

**USA**

Zip

**92630**

Country

**USA**

4. FEI Number

**52-2213066**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	LADOUCEUR, PHILIP R.	
STREET ADDRESS	6 MORGAN, SUITE 100	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	PCOO	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, GLEN C	
STREET ADDRESS	6 MORGAN, SUITE 100	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	KILAMBI, RAGHUNATH	
STREET ADDRESS	6 MORGAN, SUITE 100	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROMANO, VINCENT L	
STREET ADDRESS	6 MORGAN, SUITE 100	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOTTI, WILLIAM R	
STREET ADDRESS	6 MORGAN, SUITE 100	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARVEY, JAMES C	
STREET ADDRESS	6 MORGAN, SUITE 100	
CITY-ST-ZIP	IRVINE CA 92618	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard Taylor	
STREET ADDRESS	2 South Pointe Drive	
CITY-ST-ZIP	Lake Forest, CA 92630	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick White	
STREET ADDRESS	2 South Pointe Drive	
CITY-ST-ZIP	Lake Forest, CA 92630	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy C. Farris	
STREET ADDRESS	2 South Pointe Drive	
CITY-ST-ZIP	Lake Forest, CA 92630	
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

Date

Daytime Phone #

**3/23/01 949-672-3000**

CR2E034 (10/00)