

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 91551 042 ***150.00

DOCUMENT # F00000003697

1. Entity Name
FUTURELINK DELAWARE CORP.

Principal Place of Business Mailing Address
6 MORGAN, SUITE 100 6 MORGAN, SUITE 100
IRVINE CA 92618 IRVINE CA 92618

2. Principal Place of Business 3. Mailing Address
2 South Pointe Drive 2 South Pointe Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lake Forest, 92630 Lake Forest, CA
 Zip Country Zip Country
CA USA 92630 USA

4. FEI Number **95-4763404** 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
NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301
 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 _____ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	CFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LADOUCEUR, PHILIP R		NAME	Rick White	
STREET ADDRESS	6 MORGAN, SUITE 100		STREET ADDRESS	2 South Pointe Drive	
CITY-ST-ZIP	IRVINE CA 92618		CITY-ST-ZIP	Lake Forest, CA 92630	
TITLE	PCOO	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, GLEN C		NAME	Howard Taylor	
STREET ADDRESS	6 MORGAN, SUITE 100		STREET ADDRESS	2 South Pointe Drive	
CITY-ST-ZIP	IRVINE CA 92618		CITY-ST-ZIP	Lake Forest, CA 92630	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILAMBI, RAGHUNATH		NAME		
STREET ADDRESS	6 MORGAN, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92618		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, VINCENT L		NAME		
STREET ADDRESS	6 MORGAN, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92618		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTI, WILLIAM R		NAME		
STREET ADDRESS	6 MORGAN, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92618		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, JAMES C		NAME		
STREET ADDRESS	6 MORGAN, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92618		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: _____ **04/27/01 949-672-3000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)