

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90237 031 \*\*\*150.00

**DOCUMENT # F01000002666**

1. Entity Name

**DATAQUICK INFORMATION SYSTEMS, INC.**

Principal Place of Business

9620 TOWNE CENTER DRIVE  
 SAN DIEGO, CA 92121

Mailing Address

9620 TOWNE CENTER DRIVE  
 SAN DIEGO, CA 92121

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

94-3360022 **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	ELA, MIKE	
STREET ADDRESS	9820 TOWNE CENTRE DRIVE	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, DANIEL	
STREET ADDRESS	13800 COMMERCE PARKWAY	
CITY-ST-ZIP	RICHMOND, B.C., CANADA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HERLICK, SUSAN	
STREET ADDRESS	13800 COMMERCE PARKWAY	
CITY-ST-ZIP	RICHMOND, B.C., CANADA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIRASEKARA, ANIL	
STREET ADDRESS	13800 COMMERCE PARKWAY	
CITY-ST-ZIP	RICHMOND, B.C., CANADA	
TITLE	T	<input type="checkbox"/> Delete
NAME	EWENS, BILL	
STREET ADDRESS	9620 TOWNE CENTER DRIVE	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President & Chief Financial Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anil Wirasekara	
STREET ADDRESS	13800 Commerce Parkway	
CITY-ST-ZIP	Richmond, B.C., Canada	
TITLE	VP, Asst Treasurer, Contoller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon Thiessen	
STREET ADDRESS	13800 Commerce Parkway	
CITY-ST-ZIP	Richmond, B.C., Canada	
TITLE	VP, Secretary & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Ewens	
STREET ADDRESS	9620 Towne Center Drive	
CITY-ST-ZIP	San Diego, CA 92121	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Piche	
STREET ADDRESS	13800 Commerce Parkway	
CITY-ST-ZIP	Richmond, B.C., Canada	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)