

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90096 035 ***150.00

DOCUMENT # F02000000536

1. Entity Name
INRANGE GLOBAL CONSULTING, INC.



Principal Place of Business
700 TERRACE POINT DR.
MUSKEGON MI 49443

Mailing Address
700 TERRACE POINT DR.
MUSKEGON MI 49443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

13515 Ballantyne Corporate Place

Charlotte, NC 28277

Suite, Apt. #, etc.

13515 Ballantyne Corporate Place

Charlotte, NC 28277

Zip

Country

Zip

Country

4. FEI Number 31-1800390

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

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GRODHAUS, GREGORY R	
STREET ADDRESS	700 TERRACE POINT DR.	
CITY-ST-ZIP	MUSKEGON MI	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOCH, KENNETH H	
STREET ADDRESS	700 TERRACE POINT DR.	
CITY-ST-ZIP	MUSKEGON MI	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SCHWAB, JOHN	
STREET ADDRESS	700 TERRACE POINT DR.	
CITY-ST-ZIP	MUSKEGON MI	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BYNDER, ALAN	
STREET ADDRESS	700 TERRACE POINT DR.	
CITY-ST-ZIP	MUSKEGON MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	JACK, DONNA	
STREET ADDRESS	700 TERRACE POINT DR.	
CITY-ST-ZIP	MUSKEGON MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEARNEY, CHRISTOPHER J	
STREET ADDRESS	700 TERRACE POINT DR.	
CITY-ST-ZIP	MUSKEGON MI	

TITLE	VP & Asst. Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick J. O'Leary	
STREET ADDRESS	13515 Ballantyne Corporate Place	
CITY-ST-ZIP	Charlotte, NC 28277	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13515 Ballantyne Corporate Place	
STREET ADDRESS	Charlotte, NC 28277	
CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13515 Ballantyne Corporate Place	
STREET ADDRESS	Charlotte, NC 28277	
CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	13515 Ballantyne Corporate Place	
STREET ADDRESS	Charlotte, NC 28277	
CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SCHWAB

4/2/03

Date

Daytime Phone #

CR2E034 (10/02)