## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F02000001915

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ATLANTA, GA 30319

WILLIAMS, VICKI

9494 GARRISON CT

WESTMINISTER, CO 80021

( ) Delete

Entity Name: DEPLOYMENT PARTNERS, INC.

FILED Feb 03, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9400 MACARTHUR BLVD STE 637 IRVING, TX 75063 **Current Mailing Address: New Mailing Address:** 9400 MACARTHUR BLVD STE 637 IRVING, TX 75063 FEI Number: 75-2834157 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARNICLE, TERRENCE M 4650 YACHT HARBOR DR NAPLES, FL 34112 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition STOUT, DEBBIE Name: Name: 9400 MACARTHUR BLVD STE 637 Address: Address: City-St-Zip: IRVING, TX 75063 City-St-Zip: ( ) Delete Title: VΡ Title: (X) Change ( ) Addition Name: GRAVES, RANDY Name: GRAVES, RANDY 9400 MACARTHUR BLVD STE 637 1615 SOUTH 350 EAST Address: Address: IRVING, TX 75063 SPRINGVILLE, UT 84663 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition BARNICLE, SEAN T Name: Name: 2715 S BAMBY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RANDY GRAVES VP 02/03/2003

(X) Change ( ) Addition

STOUT, MICHAEL

IRVING, TX 75063

9016 CROWN POINT CIRCLE