

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05/78328 AT

**DOCUMENT # F94000004094**

1. Entity Name

**DELL MARKETING CORPORATION**

02-11-2002 90008 006 \*\*\*150.00

Principal Place of Business

**2751 CENTERVILLE RD  
 SUITE 3116  
 WILMINGTON DE 19808  
 US**

Mailing Address

**2751 CENTERVILLE RD  
 SUITE 3116  
 WILMINGTON DE 19808  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**74-2485040**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete  
 NAME **DELL, MICHAEL S**  
 STREET ADDRESS **ONE DELLWAY**  
 CITY-ST-ZIP **ROUND ROCK TX 78682**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AV** ☐ Delete  
 NAME **GARNIEWSKI, JOHN P**  
 STREET ADDRESS **3513 CONCORD PIKE, STE. 3713**  
 CITY-ST-ZIP **WILMINGTON DE 19803**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2751 Centerville Rd., Suite 3118**  
 CITY-ST-ZIP **Wilmington, DE 19808**

TITLE **AS** ☒ Delete  
 NAME **WAGNER, LENORA G**  
 STREET ADDRESS **3513 CONCORD PIKE STE 3713**  
 CITY-ST-ZIP **WILMINGTON DE 19803**

TITLE ☐ Change ☒ Addition  
 NAME **Assistant Secretary**  
 STREET ADDRESS **Sherry Lyons**  
 CITY-ST-ZIP **2751 Centerville Road, Suite 3118**  
**Wilmington, DE 19808**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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 another like empowered.

SIGNATURE:

*Sherry Lyons*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/02*  
 Date

*302-225-5050*  
 Daytime Phone #

CR2E034 (9/01)