

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90288 012 ***150.00

0306475
 AI

DOCUMENT # F94000004152

1. Entity Name
BRIGHTPOINT (DELAWARE), INC.

Principal Place of Business
**6402 CORPORATE DR.
 INDIANAPOLIS IN 46278**

Mailing Address
**6402 CORPORATE DR.
 INDIANAPOLIS IN 46278**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 East 96th Street

Suite, Apt. #, etc.
Suite 575

City & State
Indianapolis, IN

Zip
46240

Country
USA

3. Mailing Address
600 East 96th Street

Suite, Apt. #, etc.
Suite 575

City & State
Indianapolis, IN

Zip
46240

Country
USA

4. FEI Number
35-1778566

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	CD LAIKIN, ROBERT J 6402 CORPORATE DR. INDIANAPOLIS IN 46278 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWELL, J. MARK 6402 CORPORATE DR. INDIANAPOLIS IN 46278 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BOUNSALL, PHILLIP A 6402 CORPORATE DR. INDIANAPOLIS IN 46278 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FIVEL, STEVEN E 6402 CORPORATE DR. INDIANAPOLIS IN 46278 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JOHN W 6402 CORPORATE DR INDIANAPOLIS IN 46278 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICK, ROLLIN M 11825 N. PENNSYLVANIA STREET CARMEL IN 46032 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 E 96th Street, Suite 575 Indianapolis, IN 46240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 E. 96th Street, Suite 575 Indianapolis, IN 46240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VT Terence, Frank 600 E. 96th Street, Suite 575 Indianapolis, IN 46240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 E 96th Street, Suite 575 Indianapolis, IN 46240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 E. 96th Street, Suite 575 Indianapolis, IN 46240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 E. 96th Street, Suite 575 Indianapolis, IN 46240

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

4/30/02 317-805-4120
 Date Daytime Phone #

CR2E034 (9/01)