

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90013 009 ***550.00

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1. Corporation Name
CUBIX CORPORATION

Principal Place of Business
**9225 LOCKHART HWY.
AUSTIN TX 78747**

Mailing Address
**9225 LOCKHART HWY.
AUSTIN TX 78747**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1994

4. FEI Number

74-2245056

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**BRENNER, LEONARD
2108 NW 67TH PLACE
SUITE 7
GAINESVILLE FL 32653**

10. Name and Address of New Registered Agent

81 Name **LEONARD BRENNER**

82 Street Address (P.O. Box Number is Not acceptable)

4536 NW 20TH DR

83

84 City **GAINESVILLE FL**

85 **32605**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **KRENZKE, RICK J**
STREET ADDRESS **9225 LOCKHART HWY**
CITY-ST-ZIP **AUSTIN TX**

TITLE **D** ☐ DELETE

NAME **FAULKNER, LOWELL M**
STREET ADDRESS **9225 LOCKHART HWY.**
CITY-ST-ZIP **AUSTIN TX**

TITLE **S** ☒ DELETE

NAME **DUNSON, MARCIA R**
STREET ADDRESS **9225 LOCKHART HWY.**
CITY-ST-ZIP **AUSTIN TX**

TITLE **PD** ☒ DELETE

NAME **ISGUR, LARRY A**
STREET ADDRESS **9225 LOCKHART HWY**
CITY-ST-ZIP **AUSTIN TX**

TITLE **CD** ☐ DELETE

NAME **MCDANIEL, MARC D**
STREET ADDRESS **9225 LOCKHART HWY.**
CITY-ST-ZIP **AUSTIN TX**

TITLE **TD** ☐ DELETE

NAME **BARUFALDI, JAMES P.**
STREET ADDRESS **9225 LOCKHART HWY**
CITY-ST-ZIP **AUSTIN TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James P. Barufaldi

6/18/99

Date

(512) 243 0202

Daytime Phone #

CR2E034 (11/98)