

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90468 045 \*\*\*150.00

**DOCUMENT # F95000003635**

1. Entity Name

**WATCHGUARD REGISTRATION SERVICES, INC.**

Principal Place of Business

**PO BOX 660237  
DALLAS TX 75266-0237**

Mailing Address

**250 CARPENTER FRWY.  
IRVING TX 75062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1056373**

Applied For  
Not Applicable

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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.

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, 2001 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DALY, TIMOTHY A</b>	
STREET ADDRESS	<b>250 CARPENTER PKWY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENEDELTO, JOSEPH A</b>	
STREET ADDRESS	<b>250 CARPENTER PKWY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCARPINATO, JOSEPH N</b>	
STREET ADDRESS	<b>250 CARPENTER PKWY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE	<b>AVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PATRICK J. GREENE</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LISKOW, FREDERIC C</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUGHES, JOHN F</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	

TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James P. Murphy</b>	
STREET ADDRESS	<b>300 St. Paul Place</b>	
CITY-ST-ZIP	<b>Baltimore, MD 21202</b>	
TITLE	<b>President / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Brooke Duvall III</b>	
STREET ADDRESS	<b>300 St. Paul Place</b>	
CITY-ST-ZIP	<b>Baltimore, MD 21202</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David A. Smolay</b>	
STREET ADDRESS	<b>300 St. Paul Place</b>	
CITY-ST-ZIP	<b>Baltimore, MD 21202</b>	
TITLE	<b>AVP &amp; ASEC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael J. Frederick</b>	
STREET ADDRESS	<b>250 Carpenter Freeway</b>	
CITY-ST-ZIP	<b>Irving, TX 75062</b>	
TITLE	<b>Vice President &amp; Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Martin J. Wong</b>	
STREET ADDRESS	<b>300 St. Paul Place</b>	
CITY-ST-ZIP	<b>Baltimore, MD 21202</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John F. Hunter</b>	
STREET ADDRESS	<b>250 Carpenter Freeway</b>	
CITY-ST-ZIP	<b>Irving, TX 75062</b>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/01**

Date

**Michael J. Frederick  
Ass't Vice President  
& Ass't Secretary**

CR2E034 (10/00)