## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **F95000004620** 1. Entity Name TRIDENT DATA SYSTEMS, INC. 01-26-2000 90039 004 \*\*\*150.00 Principal Place of Business Mailing Address 5933 W CENTURY BLVD #700 5933 W CENTURY BLVD #700 LOS ANGELES CA 90045-5456 LOS ANGELES CA 90045 608847 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 95-3032229 Not A: Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM. INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY.1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VICE PRESIDENT LANGSTAFF, DAVID H. 5933W.CENTURY BLVD #700 TITLE Change Delete TITLE NAME 'E 'S' LUKAS, FRED STREET ADDRESS STREET ADDRESS 5933 W CENTURY BLVD #700 LOSANGELES, CA 90045 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90045 -SR.VICE PRESIDENT ☐ Change DCP Delete TITLE TITLE SNAVELY KATHERINE A. 5933 W.CENTURY BLVD #700 NAME NAME PARKS, JOE STREET ADDRESS STREET ADDRESS 5933 W CENTURY BLVD #700 LOS ANGELES, CA 90045 CITY-ST-ZIP CITY-ST-ZIF LOS ANGELES CA 90045 ASSISTANT SECRETARY \_\_\_\_ Change \_ Addition TITLE --- 🗀 Delete TITLE SEIDLER PHYLUS D 5933 W. CENTURY BLVD #700 NAME MUCKLEY, DAVE NAME STREET ADDRESS STREET ADDRESS 5933 W CENTURY BLVD #700 LOS ANGELES, CA 90045 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90045 PRESIDENT Change Addition Delete TITLE TITLE DAVIS, ARTHUR P 5933 W. CENTURY BLUD #700 NAME COHEN, HARVEY NAME STREET ADDRESS STREET ADDRESS 5933 W CENTURY BLVD #700 LOS ANGELES, CA 90045 CiTY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90045 SECRETARY PRESIDENT ☐ Change TITLE **Addition** TITLE HERRMANN, ANNE 5933W.CENTURY BLUD# 100 DAVIS, ARTHUR NAME NAME STREET ADDRESS STREET ADDRESS LOSANGELES, CA 90045 CITY-ST-ZIP CITY-ST-ZIP ☐ Change SEGRETAR **≭** ∎elete ■ Addition TITLE TITLE HERROANN) NAME STREET ADDRESS STREET ADDRESS LOSANGELES CITY-ST-ZIP CITY-ST-ZIE 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,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

185AN 2000