Mailing Address 1000 FORE DR

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000005943

Principal Place of Business

1000 FORE DR

FORE SYSTEMS, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90152 024 ***150.00



WARRENDALIE PA 15086-7586 US		WARRENDALE PA 15086 US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						12/06/1995
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				25-1628117 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22		City & State				
City & State	e	28				6. Electior Campaign Financing Trust Fund Contribution \$5.00 May Be
23	Country	Zip	Cou	untry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. WYes []No
	9. Name and Address of Current	- 		Τ		10. Name and Address of New Registered Agent
		- 		81	Name	
C T CORPORATION SYSTEM				82	Ctroot	Address (P.O. Box Number is Not Acceptable)
	SOUTH PINE ISLAND ROAD			62	Sueet /	Address (F.O. Box Address is Not Necephable)
PLAN	NTATION FL 33324			83		
				84	City	85 Zip Code
				04	City	FL 15 Exp 5030
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	t as, the a	pove-	named	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida. Such change was i	a utnorize	a ov u	ne corpo	oration's board of directors. I hereby accept the appointment as registered
-						
SIGNATURE: Signature, typed or printed nair e of registered agent and title if applicable (NOTE Registered agent).				d Agent	signature re	required when reinstating) DATE
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 T			Change Addition
NAME	BAKER, JOHN C.			IAME		Gary Brunner 1000 FORE Drive
STREET ADDRES 3	575 MADISON AVENUE		1.3 \$	TREET	ADDRESS	1000 FONE DITOR
CITY-ST-ZIP	NEW YORK NY			ITY-ST-	ZIP	Ubrrendale, PA 15086 Change Maddition
TITLE	D	DELETE	2.1 T		i	iv – , κ ,
NAME	MENZILCIOGLU, ONAT	·		IAME		Bruce Harry
STREET ADDRES 3	1000 FORE DR		1		DDRESS	
CITY-ST-ZIP	WARRENDALE PA 15086	☐ DELETE		CITY-ST	-ZIP	LULYYEVIDALE PA 15086 Change X Addition
TITLE	D	☐ OFFEE	3.1 T			
NAME	MCGLAUGHLIN, DANIEL W			IAME		Chiristopher Gebhardt 1000 FORE, Dr
STREET ADDRESS	3430 TUXEDO RD					warrendale PA 15086
CITY-ST-ZIP	ATLANTA GA 30305	□ DELETE	3.4. C	CITY-ST	- ZIP	Change Addition
TITLE	VPCD			NAME		
NAME	SANSOM, ROBERT D 1000 FORE DR				ADDRESS	
STREET ADDRESS	WARRENDALE PA 15086			OTY-ST	- 1	
CITY-ST-ZIP	PCED	☐ DELETE	5.1 T		ZIP	☐ Change ☐ Addition
TITLE	GILL, THOMAS J	_ OCC.12	I '	AME		
NAME CIDET ADDRESS	CILL, THOMAS J 1000 FORE DR		1		ADDRESS :	
STREET ADDRESS	WARRENDALE PA 15086			TY-ST		
CITY-ST-ZIP TITLE	V	☐ DELETE	6.1 T			Change Addition
į	GREEN, MICHAEL I	_ SCLETE	4	IAME		
NAME	1				ADDRESS	
STREET ADDRESS	174 THORN HILL ROAD			CITY-ST-		
CITY-ST-ZIP	WARRENDALE PA 15086-7586	h this filing does not qualify f				d in Section 119 07(3)(i) Florida Statutes 1 further certify that the information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f). Florida Statutes, if intriner certify that the information indicated on this annual report or supplemental ar nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I ari an officer or director of the corporation or the receive or trustee empowered to execute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE: X