

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005943

1. Entity Name

FORE SYSTEMS, INC.

FILED

May 13, 2000 8:00 am
Secretary of State

05-13-2000 90043 024 ***150.00

Principal Place of Business

Mailing Address

1000 FORE DR
WARRENDALE PA 15086-7586
US

1000 FORE DR
WARRENDALE PA 15086-7502
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1628117

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ROAD
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, 2000 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	D	BAKER, JOHN C.	<input checked="" type="checkbox"/> Delete
NAME		575 MADISON AVENUE	
STREET ADDRESS		NEW YORK NY	
CITY-ST-ZIP			
TITLE	VT	BRUNNER, GARY	<input checked="" type="checkbox"/> Delete
NAME		1000 FORE DRIVE	
STREET ADDRESS		WARRENDALE PA 15086	
CITY-ST-ZIP			
TITLE	D	MCGLAUGHLIN, DANIEL W	<input checked="" type="checkbox"/> Delete
NAME		3430 TUXEDO RD	
STREET ADDRESS		ATLANTA GA 30305	
CITY-ST-ZIP			
TITLE	VPCD	SANSOM, ROBERT D	<input checked="" type="checkbox"/> Delete
NAME		1000 FORE DR	
STREET ADDRESS		WARRENDALE PA 15086	
CITY-ST-ZIP			
TITLE	PCED	GILL, THOMAS J	<input checked="" type="checkbox"/> Delete
NAME		1000 FORE DR	
STREET ADDRESS		WARRENDALE PA 15086	
CITY-ST-ZIP			
TITLE	V	GREEN, MICHAEL I	<input checked="" type="checkbox"/> Delete
NAME		174 THORN HILL ROAD	
STREET ADDRESS		WARRENDALE PA 15086-7586	
CITY-ST-ZIP			

TITLE	CEO, President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Parton	
STREET ADDRESS	1000 FORE Drive	
CITY-ST-ZIP	Warrendale PA 15086	
TITLE	Exec VP, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Hlave	
STREET ADDRESS	1000 FORE Drive	
CITY-ST-ZIP	Warrendale PA 15086	
TITLE	Exec VP, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Howley	
STREET ADDRESS	1000 FORE Drive	
CITY-ST-ZIP	Warrendale PA 15086	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher H. Gebhard	
STREET ADDRESS	1000 FORE Drive	
CITY-ST-ZIP	Warrendale PA 15086	
TITLE	VP Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Cavanaugh	
STREET ADDRESS	1000 FORE Drive	
CITY-ST-ZIP	Warrendale PA 15086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

Paul Cavanaugh 4/27/00 724-742-7561

CR2F034 (9/00)