

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006483

1. Entity Name

ON-TRACK COMPUTER TRAINING CORP.

Principal Place of Business

701 5TH AVENUE, SUITE 3420  
SEATTLE WA 98104

Mailing Address

701 5TH AVENUE, SUITE 3420  
SEATTLE WA 98104-7032

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MICHELIN, PAUL  
C/O FMC GROUP, INC.  
2255 GLADES ROAD STE. 124A  
BOCA RATON FL 33431

Name

7. Name and Address of New Registered Agent

City

FL

Zip Code  
33431

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

Paul Michelin

4/24/00

(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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSSI, RUSS	
STREET ADDRESS	701 5TH AVENUE, SUITE 3420	
CITY-ST-ZIP	SEATTLE WA 98104	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	DOWBIGGIN, DEBORAH	
STREET ADDRESS	701 5TH AVENUE, SUITE 3420	
CITY-ST-ZIP	SEATTLE WA 98104	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHELIN, PAUL	
STREET ADDRESS	C/O 2255 GLADES ROAD, STE. 124A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Perretty	
STREET ADDRESS	2700 N. Military Trail, Suite 100	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	Vice President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Perks	
STREET ADDRESS	2700 N. Military Trail, Suite 100	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michelin, Paul	
STREET ADDRESS	2700 N. Military Trail, Ste 100	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	Vice President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Kamcay	
STREET ADDRESS	2700 N. Military Trail, Suite 100	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

4/24/00

Date

561 241-3621

Daytime Phone #

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90174 028 \*\*\*150.00

A0057146



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)