

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90012 049 ***150.00

DOCUMENT # F97000000411

1. Entity Name
DPIC MANAGEMENT SERVICES CORPORATION

Principal Place of Business Mailing Address
9 FARM SPRINGS ROAD 9 FARM SPRINGS ROAD
FARMINGTON CT 06032 FARMINGTON CT 06032

2. Principal Place of Business 3. Mailing Address
9300 Arrowpoint Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.
MS1313

City & State City & State
Charlotte, NC

Zip Country Zip Country
28273 Mecklenburg

4. FEI Number **06-1459318**

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 ROAD
PLANTATION FL 33324

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Zip Code
Tallahassee FL 32301

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 *Laura R. Dunlap*
 Signature, typed or printed name of registered agent and title if applicable.

Laura R. Dunlap
as its agent

2/9/01
 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 VPT ☐ Delete
 NAME **GOWEN, LAWRENCE W**
 STREET ADDRESS **9300 ARROWPOINT BLVD**
 CITY-ST-ZIP **CHARLOTTE NC 28201**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME **BECKER, W MARSTON**
 STREET ADDRESS **9 FARM SPRINGS RD**
 CITY-ST-ZIP **FARMINGTON CT 06032**

TITLE D ☐ Change ☒ Addition
 NAME **Terry Broderick**
 STREET ADDRESS **9300 Arrowpoint Blvd.**
 CITY-ST-ZIP **Charlotte, NC 28273**

TITLE VP ☒ Delete
 NAME **SEMERARO, DAVID B**
 STREET ADDRESS **9 FARM SPRINGS ROAD**
 CITY-ST-ZIP **FARMINGTON CT 06032**

TITLE VP & Controller ☐ Change ☒ Addition
 NAME **Peter M. Vinci**
 STREET ADDRESS **9300 Arrowpoint Blvd.**
 CITY-ST-ZIP **Charlotte, NC 28273**

TITLE DCOO ☒ Delete
 NAME **OKARMA, THOMAS M**
 STREET ADDRESS **2959 MONTEREY/SALINAS HWY**
 CITY-ST-ZIP **MONTEREY CA 93940**

TITLE ☐ Change ☒ Addition
 NAME **William T. Meisen**
 STREET ADDRESS **6605 S.E. Lake Road**
 CITY-ST-ZIP **Portland, OR 97269**

TITLE P ☐ Delete
 NAME **BRANTON, MICHAEL A**
 STREET ADDRESS **100 CAPITOLA DR #104**
 CITY-ST-ZIP **DURHAM NC 27713**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☐ Delete
 NAME **SPITZER, JUDY S**
 STREET ADDRESS **9 FARM SPRINGS RD**
 CITY-ST-ZIP **FARMINGTON CT 06032**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9300 Arrowpoint Blvd.**
 CITY-ST-ZIP **Charlotte, NC 28273**

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: *Judy S. Spitzer* **Judy S. Spitzer, Corp. Secty** **2/23/01** **704-522-2841**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)