

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90100 001 ***150.00

DOCUMENT # F97000002985

1. Entity Name

DIGITAL PROCESSING SYSTEMS, INC.

Principal Place of Business

Mailing Address

11 SPRIAL DR.
FLORENCE KY 41042

11 SPRIAL DR.
FLORENCE KY 41042-4845

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

Suite 10

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1211582

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

**WHITE, DAVID
182 SAND KEY ESTATES DR
CLEARWATER BEACH FL 33767**

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 **CV** ☒ Delete
NAME **FAZACKERLEY, JOHN**
STREET ADDRESS **12472 W TOWN LINE S, RR 3, STATION MAIN**
CITY-ST-ZIP **STOUFFVILLE, ONTARIO L4A 7X4**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MARK E. BURTON**
STREET ADDRESS **712 MERTON ST**
CITY-ST-ZIP **TORONTO, ONTARIO, CA M4S 1B8**

TITLE **P** ☐ Delete
NAME **NOGAR, BRAD**
STREET ADDRESS **3146 WILLIAMS CREEK DR.**
CITY-ST-ZIP **CINCINNATI OH 45244**

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

TITLE **S** ☐ Delete
NAME **VAN RASSEL, WILLIAM**
STREET ADDRESS **8 REJANE CRESCENT**
CITY-ST-ZIP **THORNHILL, ONTARIO L4J 478**

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

TITLE **T** ☒ Delete
NAME **LUIS, RUI**
STREET ADDRESS **3030 LAKESHORE RD.**
CITY-ST-ZIP **BURLINGTON, ONTARIO L7N 1A1**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **KEN MACKENZIE**
STREET ADDRESS **4 MCCARTY CRES.**
CITY-ST-ZIP **MARKHAM, ONTARIO, CA L3P 4R6**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Brad L. Nogar

BRAD L. NOGAR

1-11-2000

606-371-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)