

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004972

1. Entity Name

SARCOM, INC. OF OHIO

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90034 016 ***150.00

Principal Place of Business

Mailing Address

8405 PULSAR PL.
COLUMBUS OH 43240

8405 PULSAR PL.
COLUMBUS OH 43240-2028

00020135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1052674**

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 **DP** ☐ Delete
NAME **WILCOX, JAMES R**
STREET ADDRESS **8405 PULSAR PL.**
CITY-ST-ZIP **COLUMBUS OH 43240**

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

TITLE **DS** ☐ Delete
NAME **KING, DAVE**
STREET ADDRESS **101 E. 52ND ST., 31ST FL.**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **STRUZZI, PETER**
STREET ADDRESS **8405 PULSAR PLACE**
CITY-ST-ZIP **COLUMBUS OH 43240**

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

TITLE **D** ☐ Delete
NAME **COLLINS, PHIL**
STREET ADDRESS **3000 SAND HILL RD., BLDG. 3, STE. 290**
CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE **Director and Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ZUCKERMAN, STEVE**
STREET ADDRESS **3000 SAND HILL RD., BLDG. 3, STE. 290**
CITY-ST-ZIP **MENLO PARK OH 94025**

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

TITLE **D** ☐ Delete
NAME **HOST, THEODORE J**
STREET ADDRESS **10019 WELLINGTON BLVD.**
CITY-ST-ZIP **POWELL OH 43065**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00

Date

Daytime Phone #

CR2E034 (9/99)