

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-11-2002 90037 027 ***150.00

DOCUMENT # F98000000057

1. Entity Name

EN POINTE TECHNOLOGIES SALES, INC.

Principal Place of Business

100 NORTH SEPULVEDA BLVD
 19TH FLOOR
 EL SEGUNDO CA 90245

Mailing Address

100 NORTH SEPULVEDA BLVD
 19TH FLOOR
 EL SEGUNDO CA 90245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

95-4650291

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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, 2002 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 **C** ☐ Delete
 NAME **DIN, ATTIAZAZ "BOB"**
 STREET ADDRESS **100 NORTH SEPULVEDA BLVD., 19TH FLOOR**
 CITY-ST-ZIP **EL SEGUNDO CA 90245**

TITLE **Tom Scott President** ☐ Change ☒ Addition
 NAME **100 N. Sepulveda Blvd., 19th FL**
 STREET ADDRESS **EL Segundo, Ca. 90245**
 CITY-ST-ZIP

TITLE **CFOS** ☐ Delete
 NAME **Secretary**
 STREET ADDRESS **MERCER, ROBERT A**
 CITY-ST-ZIP **100 NORTH SEPULVEDA BLVD., 19TH FLOOR**
EL SEGUNDO CA 90245

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **100 N. Sepulveda Blvd 19th FL**
 STREET ADDRESS **EL Segundo, Ca. 90245**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DIRECTOR**
 STREET ADDRESS **DIN, NAUREEN**
 CITY-ST-ZIP **100 NORTH SEPULVEDA BLVD., 19TH FLOOR**
EL SEGUNDO CA 90245 **O.K.**

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

TITLE **PCEO** ☒ Delete
 NAME **SHABAZIAN, MICHAEL R**
 STREET ADDRESS **100 N SEPULVEDA BLVD 19TH**
 CITY-ST-ZIP **EL SEGUNDO CA 90245**

TITLE **CFO** ☐ Change ☒ Addition
 NAME **Kevin D. Ayers**
 STREET ADDRESS **100 N Sepulved Blvd, 19th FL**
 CITY-ST-ZIP **EL Segundo Ca 90245**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/02 (310) 785-1133

CR2E034 (9/01)