

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000000546**

1. Entity Name

METRUM-DATAPE, INC.

Principal Place of Business

605 E. HUNTINGTON DRIVE
MONROVIA CA 91017

Mailing Address

605 E. HUNTINGTON DRIVE
MONROVIA CA 91016-3636

2: Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSS, JOHN B	NAME	
STREET ADDRESS	4800 DRY CREEK ROAD	STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO 80122	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICHARD L	NAME	
STREET ADDRESS	455 S. FOURTH ST.	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAVID D	NAME	
STREET ADDRESS	455 S. FOURTH ST.	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, JEFFREY T	NAME	
STREET ADDRESS	455 S. FOURTH ST.	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURPEN, GLENN W	NAME	
STREET ADDRESS	4800 DRY CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO 80122	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKERSON, WILLIAM D	NAME	
STREET ADDRESS	605 E. HUNTINGTON DR.	STREET ADDRESS	
CITY-ST-ZIP	MONROVIA CA 91017	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 REQUIRED

1/25/00

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90090 047 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **16-1314952** | Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required