FILED

Jul 14, 2003 8:00 am

Secrétary of State

07-14-2003 90344 003 ***550.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

F98000003275

1. Entity Name

THE DELAWARE COAST DISTRIBUTION SYSTEM, INC.

			OO WE T	*	
Principal Place of Business 350 WOODVIEW AVENUE MORGAN HILL CA 95037 US		Mailing Address PO BOX 1449 MORGAN HILL CA 95038			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 94-2490990 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent	
			Name -	The same was a second of the same and the sa	
CORPORATION SERVICE COMPANY					
1201 HAYS STREET			Street Add	ress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301-2525					
TALLAT PA	OOLE I E OLOU I LOLO		City	FL Zip Code	
8. The above	named entity submits this statemen	nt for the purpose of changing	its registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.					
SIGNATURE					
SIGNATURE.	Signature, typed or printed name of registered ag	gent and title if applicable. (N	IOTE: Registered Agent signature	required when reinstating) DATE	
	ILE NOW!!! FEE IS \$550.00				
After September 10, 2003 Fee will be \$750.00				9. Election Campaign Financing \$5.00 May Be	
	Payable to Florida Department			Trust Fund Contribution. Added to Fees	
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLÍ	CEOP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME (4	MCGUIRE, THOMAS R		NAME		
STREET ADDRESS	350 WOODVIEW AVE		STREET ADDRESS		
CITY-ST-ZIP	MORGAN HILL CA 95037		CITY-ST-ZIP		
TITLE 55 - 3	EVS	Delete	TITLE	☐ Change ☐ Addition	
NAME :	KNELL, SANDRA A		NAME		
STREET ADDRESS	350 WOODVIEW AVE		STREET ADDRESS		
CITY-ST-ZIP	MORGAN HILL CA 95037	<u></u>	CITY-ST-ZIP		
TITLE	(- Delete	TITLE .	Change Addition	
NAME	BERGER, DAVID A		NAME		
STREET ADDRESS	350 WOODVIEW AVE		STREET ADDRESS		
CITY-ST-ZIP	MORGAN CA 95037		CITY-ST-ZIP		
TITLE	V Castagnola, Dennis	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS	350 WOODVIEW AVE		NAME STREET ADDRESS		
CITY-ST-ZIP	MORGAN HILL CA 95037		CITY-ST-ZIP		
	ASD	ĺΠ A.I.·		Change Addition	
TITLE NAME	FRYDMAN, BEN A	☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS	350 WOODVIEW AVE		STREET ADDRESS		
CITY-ST-ZIP	MORGAN HILL CA 95037		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	THROOP, ROBERT	المان	NAME		
STREET ADDRESS	350 WOODVIEW AVE		STREET ADDRESS		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fixe empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

MORGAN HILL CA 95037

CITY-ST-ZIP