

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004325

1. Entity Name
H & W COMPUTER SYSTEMS, INC.

Principal Place of Business
6154 NORTH MEEKER PLACE
SUITE 100
BOISE ID 83713

Mailing Address
PO BOX 46019
BOISE ID 83711

2. Principal Place of Business
N/C

3. Mailing Address
N/C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 82-0347547

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

N/C

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 _____ (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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, ROBERT M	
STREET ADDRESS	6154 N MEEKER PL STE 100	
CITY-ST-ZIP	BOISE ID 83713	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, KATHERINE R	
STREET ADDRESS	6154 N MEEKER PL STE 100	
CITY-ST-ZIP	BOISE ID 83713	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHAFFIN, MARY	
STREET ADDRESS	6154 N MEEKER PL STE 100	
CITY-ST-ZIP	BOISE ID 83713	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENNETT, LAYNE	
STREET ADDRESS	6154 N MEEKER PL STE 100	
CITY-ST-ZIP	BOISE ID 83713	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHAFFIN, MARY	
STREET ADDRESS	6154 N MEEKER PL STE 100	
CITY-ST-ZIP	BOISE ID 83713	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEIR, CHUCK	
STREET ADDRESS	6154 N MEEKER PL STE 100	
CITY-ST-ZIP	BOISE ID 83713	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mary E. Chaffin Mary E. Chaffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01 (208) 377-0336

Date Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90058 002 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)