

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005076

1. Entity Name

POWERSCAN, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90031 024 ***150.00

Principal Place of Business

Mailing Address

2552 SUMMIT AVE. STE. 400
PLANO TX 75074-7451

2552 SUMMIT AVE. STE. 400
PLANO TX 75074-7451

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2328098

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

REIMANN, MARY T
1026 CORKWOOD DRIVE
OVIEDO FL 32765

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 PC ☐ Delete
NAME GORLITZ, THOMAS G
STREET ADDRESS ROUTE 3 BOX 123A
CITY-ST-ZIP WHITEWRIGHT TX 75491

TITLE ☐ Change ☒ Addition
NAME PETER A HECKEL
STREET ADDRESS 301 N MONTGOMERY
CITY-ST-ZIP SHERMAN TX 75090

TITLE S ☐ Delete
NAME WILHELM, OREN E
STREET ADDRESS 4117 STATEN ISLAND DRIVE
CITY-ST-ZIP PLANO TX 75024

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

TITLE TD ☒ Delete
NAME GIBSON, GEORGE
STREET ADDRESS 1401 LYNHURST
CITY-ST-ZIP DENTON TX 76205

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

TITLE D ☒ Delete
NAME TAMM, JEROME T
STREET ADDRESS 23400 MICHIGAN AVE STE 500
CITY-ST-ZIP DEARBORN MI 48124

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

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:

O E Wilhelm O. E. WILHELM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000 972/578-7766

Date

Daytime Phone #

CR2E034 (9/99)