FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 19, 2001 8:00 am DOCUMENT # F9800005465 **Secretary of State** 1. Entity Name ENCORE REAL TIME COMPUTING, INC. 03-19-2001 90044 006 \*\*\*150.00 Principal Place of Business Mailing Address 1700 NW 66 AVENUE 1700 NW 66 AVENUE SUITE 103 SUITE 103 FORT LAUDERDALE FL 33313 FORT LAUDERDALE FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State -City & State Applied For -4::FEI.Number 51-0381481 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT Change **Delete** TITLE TITLE OEHLER, MICHAEL P MECELLO, STEPH 1700 NW 66 AVE. NAME NAME STEPHEN SUITE 103 STREET ADDRESS STREET ADDRESS 1700 NW 66 AVENUE SHITE 103 CITY-ST-ZIP CITY-ST-7IP 33313 FT LAUDERALE \_ fi FORT LAUDERDALE PL 33313 SECRETARY Change TITLE ☐ Delete TITLE HATTLER, ERIC R. NAME GORES, ALEC E NAME 6260 LOOKOUT ROAD STREET ADDRESS STREET ADDRESS 10877-WILSHIRE BLVD., SUITE 1805 CITY-ST-ZIP CITY-ST-ZIP BOULDER COLORADO 80301 LOS ANGELES CA 90024 ☐ Delete ☐ Change [ ] Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 DIRECT

3/16/01

954-377-1106

Daytime Phone #