

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006282

1. Entity Name

TRADE REPORTING AND DATA EXCHANGE, INC.

Principal Place of Business

4805 WEST LAUREL
SUITE 300
TAMPA FL 33607

Mailing Address

4805 WEST LAUREL
SUITE 300
TAMPA FL 33607

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 91-1106681

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

GOODWIN, JAMES W
400 N. TAMPA ST, SUITE 2300
TAMPA FL 33602

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GORDON, THOMAS G JR
STREET ADDRESS 2755 CAMPUS DR
CITY-ST-ZIP SAN MATEO CA 94403-2513 ☐ Delete

TITLE D
NAME BAKER, LEN
STREET ADDRESS 755 PAGE MILL RD
CITY-ST-ZIP PALO ALTO CA 94304 ☐ Delete

TITLE D
NAME DOMINIK, DAVID
STREET ADDRESS TWO COPLEY PLACE
CITY-ST-ZIP BOSTON MA 02116 ☐ Delete

TITLE D
NAME KONTAGOURIS, VENETIA
STREET ADDRESS 200 NYALA FARMS RD
CITY-ST-ZIP WESTPORT CT 06880 ☐ Delete

TITLE D
NAME MUNDELL, BILL
STREET ADDRESS 200 AVENUE OF THE STARS #1405
CITY-ST-ZIP LOS ANGELES CA 90067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90048 001 ***150.00

716850



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)