

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006826

1. Entity Name
CAYENTA EUTILITY SOLUTIONS - EMUNICIPAL SOLUTION

Principal Place of Business
8900 NELSON WAY
#100
BURNABY, BC V3A- 4W9
CA

Mailing Address
8900 NELSON WAY
#100
BURNABY, BC V3A- W9
CA

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country Zip Country

4. FEI Number 98-0127562
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
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City Tallahassee FL Zip Code 32301

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]* BRIAN COURTNEY, ASST VP. as Agent DATE 9/11/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | PC ELLIOTT, BRUCE 8842 GOLDEN EYE LANE BLAINE WA 98230 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD HANNEY, SUSAN 3920 INDIAN RIVER DRIVE VANCOUVER CA V7G- 2G8 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500004583003 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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]* Susan Hanney, Secretary Sept. , 2001

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 11 PM 1:30



DO NOT WRITE IN THIS SPACE

NI 9803910

CR2E034 (5/01)

SP



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ACCOUNT NO. : 072100000032
REFERENCE : 455688 4388080
AUTHORIZATION : *Patricia Pizoto*
COST LIMIT : \$ 550.00

ORDER DATE : August 31, 2001
ORDER TIME : 11:15 AM
ORDER NO. : 455688-005
CUSTOMER NO: 4388080
CUSTOMER: Mr. Matthew G. Colvin
The Titan Corporation
3033 Science Park Rd.
San Diego, CA 92121

ANNUAL REPORT FILING

NAME: CAYENTA EUTILITY SOULTIONS-
EMUNICIPLE

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: _____

RECEIVED
01 SEP 11 AM 11:42
DIVISION OF CORPORATION