

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006826

1. Entity Name  
**CAYENTA EUTILITY SOLUTIONS - EMUNICIPAL SOLUTION  
S, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -7 PM 12:46

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  
**2955 Virtual Way**

3. Mailing Address  
**2955 Virtual Way**

Suite, Apt. #, etc.  
**#100**

Suite, Apt. #, etc.  
**#100**

City & State  
**Vancouver, BC**

City & State  
**Vancouver, BC**

Zip  
**V5M4X6**

Country  
**Canada**

Zip  
**V5M4X6**

Country  
**Canada**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

700015427977

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **DS** ☐ Delete  
NAME **CLAYTON, SUSAN**  
STREET ADDRESS **8900 NELSON WAY, SUITE 100**  
CITY-ST-ZIP **BURNABY, BC CANADA**

TITLE **PD** ☐ Delete  
NAME **GARDNER, MICHAEL**  
STREET ADDRESS **8900 NELSON WAY, SUITE 100**  
CITY-ST-ZIP **BURNABY, BC CANADA**

TITLE **DSVP** ☐ Delete  
NAME **SMITH, CURTIS**  
STREET ADDRESS **3033 SCIENCE PARK ROAD**  
CITY-ST-ZIP **SAN DIEGO CA 92121**

TITLE **ASSS** ☐ Delete  
NAME **BARR, CHERYL**  
STREET ADDRESS **3033 SCIENCE PARK ROAD**  
CITY-ST-ZIP **SAN DIEGO CA 92121**

TITLE **ASST** ☐ Delete  
NAME **GUILLAUME, RAY H**  
STREET ADDRESS **3033 SCIENCE PARK ROAD**  
CITY-ST-ZIP **SAN DIEGO CA 92121**

TITLE **ASST** ☐ Delete  
NAME **HOM, DEANNA**  
STREET ADDRESS **3033 SCIENCE PARK ROAD**  
CITY-ST-ZIP **SAN DIEGO CA 92121**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

**CHERYL BARR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03

Date

858-552-9500

Daytime Phone #

CR2E034 (10/02)

9801040  
NI