


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90753 031 ***150.00

DOCUMENT # F98000006934					
1. Entity Name DELL PROFESSIONAL SERVICES, INC.					
Principal Place of Business 115 BROADWAY 14TH FLOOR NEW YORK, NY 10006			Mailing Address C/O CLEMENTE, MUELLER & TOBIA P.O. BOX 1296, 218 RIDGEDALE AVE MORRISTOWN, NJ 07962-1296		
2. Principal Place of Business		3. Mailing Address PO BOX 149256			
Suite, Apt. #, etc.		Suite, Apt. #, etc. ATTN: TAX DEPT			
City & State		City & State AUSTIN TX		4. FEI Number 13-3548968	
Zip		Zip 78714-9256		Country U.S.A.	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DC	NAME DELL, MICHAEL S	<input checked="" type="checkbox"/> Delete	TITLE Director	NAME Dell, Michael S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ONE DELL WAY	ROUND ROCK, TX 78682		STREET ADDRESS One Dell Way	Round Rock, TX 78682	
CITY-ST-ZIP	ROUND ROCK, TX 78682		CITY-ST-ZIP	Round Rock, TX 78682	
TITLE P	NAME ROLLINS, KEVIN	<input checked="" type="checkbox"/> Delete	TITLE CEO	NAME Rollins, Kevin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ONE DELL WAY	ROUND ROCK, TX 78682		STREET ADDRESS One Dell Way	Round Rock, TX 78682	
CITY-ST-ZIP	ROUND ROCK, TX 78682		CITY-ST-ZIP	Round Rock, TX 78682	
TITLE SVP	NAME SCHNEIDER, JAMES M	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ONE DELL WAY	ROUND ROCK, TX 78682		STREET ADDRESS		
CITY-ST-ZIP	ROUND ROCK, TX 78682		CITY-ST-ZIP		
TITLE VPT	NAME MACDONALD, BRAIN	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ONE DELL WAY	ROUND ROCK, TX 78682		STREET ADDRESS		
CITY-ST-ZIP	ROUND ROCK, TX 78682		CITY-ST-ZIP		
TITLE VPAS	NAME WELCH, THOMAS H JR	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ONE DELL WAY	ROUND ROCK, TX 78682		STREET ADDRESS		
CITY-ST-ZIP	ROUND ROCK, TX 78682		CITY-ST-ZIP		
TITLE VPT	NAME FITZGERALD, JAMES L	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ONE DELL WAY	ROUND ROCK, TX 78682		STREET ADDRESS		
CITY-ST-ZIP	ROUND ROCK, TX 78682		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 like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	