2000 UNIFORM BUSINESS REPORT (UBR)

an attachment with an address, with all other like empowered

FILED DOCUMENT # F98000007087 May 22, 2000 8:00 am 1. Entity Name Secretary of State MICRON GOVERNMENT COMPUTER SYSTEMS, INC. 05-22-2000 90129 033 ***150.00 Principal Place of Business Mailing Address 625 STRATFORD STE. 2000 900 E. KARCHER RD MERIDIAN ID 83642 C/O TAX DEPT NAMPA ID 83687-3045 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 06-1528015 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 🛣 Addition Director ☐ Change TITLE Delete TITLE 511 D.Smith NAME KOCHER, JOEL J NAME 900E. Karcher Rd STREET ADDRESS STREET ADDRESS 900 E. KARCHER RD. Nampa ID 83687 CITY-ST-ZIP CITY-ST-ZIP **NAMPA ID 83687** Corp. Secretary 3. Matthew Koell Addition TITLE □ Delete TITLE Change HEISLER, HARRY B NAME NAME STREET ADDRESS 900 E Karcher Rd. STREET ADDRESS 625 STRATFORD CITY-ST-ZIP CITY-ST-ZIP Namps to 83687 **MERIDIAN ID 83642** TITLE ☐ Addition Delete TITLE .. NAME HANSON, BRIAN T NAME STREET ADDRESS STREET ADDRESS 900 E. KARCHER RD. CITY-ST-ZIP CITY-ST-ZIP NAMPA ID 83687 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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 to his 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 this 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