

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000066

1. Entity Name
POMEROY SELECT INTEGRATION SOLUTIONS, INC.

Principal Place of Business
1020 PETERSBURG ROAD
HEBRON KY 41048

Mailing Address
1020 PETERSBURG ROAD
HEBRON KY 41048

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
61-1337096

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

JACKMAN, RICHARD J
3740 ST. JOHN'S BLUFF ROAD SOUTH
JACKSONVILLE FL 32224

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

(NOTE: Registered Agent signature required when reinstating)

10/10/01
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	POMEROY, DAVID B	
STREET ADDRESS	1020 PETERSBURG ROAD	
CITY-ST-ZIP	HEBRON KY 41048	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POMEROY, STEPHEN E	
STREET ADDRESS	1020 PETERSBURG ROAD	
CITY-ST-ZIP	HEBRON KY 41048	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, KENNETH E	
STREET ADDRESS	4644 EAST INDIAN BEND ROAD	
CITY-ST-ZIP	PARADISE VALLEY AZ 85253	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VON DEYLEN, GERALD L	
STREET ADDRESS	9140 INDIAN RIDGE	
CITY-ST-ZIP	CINCINNATI OH 45243	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LOKEY, LARRY H	
STREET ADDRESS	1020 PETERSBURG ROAD	
CITY-ST-ZIP	HEBRON KY 41048	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	SCHWARZ, MARK P	
STREET ADDRESS	1020 PETERSBURG ROAD	
CITY-ST-ZIP	HEBRON KY 41048	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael E. Rohr Kemper	
STREET ADDRESS	1020 Petersburg Rd.	
CITY-ST-ZIP	Hebron KY	
TITLE	David B. Pomerooy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	1020 Petersburg Rd	
CITY-ST-ZIP	Hebron KY 41048	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600004657906--0	
CITY-ST-ZIP	-10/29/01--01092--005	
	***550.00 ***550.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Steve Pomerooy STEVE POMEROY V.P. 10/10/01 859.580. 0600 X 1184

APPROVED AND FILED
01 OCT 15 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE