

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003328

1. Entity Name

DORN TECHNOLOGY GROUP, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90157 017 ***150.00

Principal Place of Business

Mailing Address

8875 HIDDEN RIVER PARKWAY
LAKEVIEW BUILDING, SUITE 300
TAMPA FL 33637

8875 HIDDEN RIVER PARKWAY
LAKEVIEW BUILDING, SUITE 300
TAMPA FL 33637-1035

2. Principal Place of Business

3. Mailing Address

P.O. Box 110

Suite, Apt. #, etc.

Tax Dept.

City & State
Columbia, SC

Zip
29202

Country



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

4. FEI Number

38-2949061

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 CPST P
NAME DORN, MARK E
STREET ADDRESS 3992 HOLDEN DRIVE
CITY-ST-ZIP ANN ARBOR MI 48103 ☐ Delete

TITLE P
NAME Dorn, Mark E
STREET ADDRESS 3992 Holden Dr.
CITY-ST-ZIP Ann Arbor MI 48103 ☒ Change ☐ Addition

TITLE D
NAME COLLINS, SCOTT E
STREET ADDRESS 600 ATLANTIC AVE.
CITY-ST-ZIP BOSTON MA 02210-2227 ☒ Delete

TITLE V/S
NAME MORRISON, STEPHEN G.
STREET ADDRESS One PMSC Center
CITY-ST-ZIP Blythewood SC 29016 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V
NAME Williams, Timothy V.
STREET ADDRESS One PMSC Center
CITY-ST-ZIP Blythewood SC 29016 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V
NAME Edwards, III, Van E.
STREET ADDRESS One PMSC Center
CITY-ST-ZIP Blythewood SC 29016 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY V. WILLIAMS

Date

4/20/00

Daytime Phone #

803-333-4000

CR2E034 (9/99)