2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **F9900003461** 1. Entity Name DOMAIN LOGIX CORPORATION 03-21-2000 90070 005 ***150.00 Principal Place of Business Mailing Address 8303 N. MOPAC EXPRESSWAY, A-101 8303 N. MOPAC EXPRESSWAY, A-101 AUSTIN TX 78727 AUSTIN TX 78727 Commission of the commission of the 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 74-2920083 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **CEOP** TITLE Delete TITLE Addition NAME MACEK, JAMES NAME STREET ADDRESS 2105 ENCINAS ROJAS STREET ADDRESS CUTY-ST-ZIP AUSTIN TX 78746 CITY-ST-ZIP TITLE EVD ☐ Delete ☐ Change Addition HOLLIDAY, JAMES NAME STREET ADDRESS 7 DRIFTING WIND RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUSTIN TX 78738** CAOS TITLE Delete TITLE ☐ Change ☐ Addition FIELD. MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1168 CHERRY AVENUE CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA 95125 TITLE **EVAS** ☐ Delete TITLE Change ☐ Addition HURLEY, CLAIRE NAME NAME STREET ADDRESS 12320 ALAMEDA TRACE CIRCLE, APT. 1402 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUSTIN TX 78727 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE

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

nent with an address, with all other like emp