

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91154 013 \*\*\*150.00

**DOCUMENT # F99000004186**

1. Entity Name

*Dell Catalog Sales Corporation*

Principal Place of Business

*One Dell Way  
 Round Rock, TX 78682*

Mailing Address

*Tax Department  
 P.O. Box 149256  
 Austin, TX 78682*

**768888**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

*74-2687032*

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Corporation Service Company  
 1201 Hays Street  
 Tallahassee, FL 32301-2525*

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, 2001 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	CEO & Director	<input type="checkbox"/> Delete
NAME	Michael S. Dell	
STREET ADDRESS	One Dell Way	
CITY-ST-ZIP	Round Rock, TX 78682	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	A. Thomas Armstrong	
STREET ADDRESS	One Dell Way	
CITY-ST-ZIP	Round Rock, TX 78682	
TITLE	Asst. Secretary	<input type="checkbox"/> Delete
NAME	Jeffrey L. Maurice	
STREET ADDRESS	One Dell Way	
CITY-ST-ZIP	Round Rock, TX 78682	
TITLE	Vice Pres. & Asst. Secretary	<input type="checkbox"/> Delete
NAME	Thomas H. Welch, Jr.	
STREET ADDRESS	One Dell Way	
CITY-ST-ZIP	Round Rock, TX 78682	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Kevin Nater	
STREET ADDRESS	One Dell Way	
CITY-ST-ZIP	Round Rock, TX 78682	
TITLE	VP & General Counsel	<input type="checkbox"/> Delete
NAME	Thomas B. Green	
STREET ADDRESS	One Dell Way	
CITY-ST-ZIP	Round Rock, TX 78682	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:

*Thomas H. Welch, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*VP, Assistant Secretary*

*4/25/01*

*512-728-1795*

CR2E034 (11/00)