

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90052 007 ***150.00

DOCUMENT # F99000006697

1. Entity Name
UTILIMAN SYSTEMS, INC.

Principal Place of Business
6290 MCDONOUGH DR., SUITE 1
NORCROSS GA 30093

Mailing Address
6290 MCDONOUGH DR., SUITE 1
NORCROSS GA 30093

2. Principal Place of Business
SEE ABOVE
 Suite, Apt. #, etc.

3. Mailing Address
SEE ABOVE
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2133815**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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, 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 **CP** ☐ Delete
 NAME **ANDERSON, MICHAEL H**
 STREET ADDRESS **6290 MCDONOUGH DRIVE, SUITE 1**
 CITY-ST-ZIP **NORCROSS GA 30093**

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

TITLE **VT** ☐ Delete
 NAME **SKAUG, PER H**
 STREET ADDRESS **6290 MCDONOUGH DRIVE, SUITE 1**
 CITY-ST-ZIP **NORCROSS GA 30093**

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

TITLE **S** ☐ Delete
 NAME **MOTTERN, ROBERT J**
 STREET ADDRESS **2300 NORTHLAKE CENTRE DR., SUITE 200**
 CITY-ST-ZIP **TUCKER GA 30084**

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

TITLE **CFO** ☐ Delete
 NAME **SULLIVAN, PATRICIA L**
 STREET ADDRESS **6290 MCDONOUGH DR., SUITE 1**
 CITY-ST-ZIP **NORCROSS GA 30093**

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

TITLE **V** ☐ Delete
 NAME **ANDERSON, ANTHONY**
 STREET ADDRESS **6290 MCDONOUGH DR., SUITE 1**
 CITY-ST-ZIP **NORCROSS GA 30093**

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

TITLE **D** ☐ Delete
 NAME **MOTTERN, ROBERT J**
 STREET ADDRESS **6290 MCDONOUGH DR., SUITE 1**
 CITY-ST-ZIP **NORCROSS GA 30093**

TITLE ☐ Change ☐ 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:

Patricia Sullivan *Patricia Sullivan*

4-26-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)