

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J21048

1. Entity Name

DISTRIBUTED PROCESSING TECHNOLOGY, CORP.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90017 047 \*\*\*150.00

Principal Place of Business <b>140 CANDACE DR MAITLAND FL 32751</b>	Mailing Address <b>140 CANDACE DR MAITLAND FL 32751-3331</b>
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2. Principal Place of Business <b>140 Candace Drive</b>	3. Mailing Address <b>691 South Milpitas Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>M/S 125</b>

City & State <b>Maitland, FL</b>	City & State <b>Milpitas, CA</b>
Zip <b>32751</b>	Zip <b>95035</b>
Country <b>USA</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2689573</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>B &amp; C CORPORATE SERVICES OF CENTRAL FL 310 N ORANGE AVE SUITE 1100 ORLANDO FL 32801</b>
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7. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b> FL Zip Code <b>33324</b>
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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. <b>Naseem A. Conde</b> SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>NASEEM A. CONDE</b> <b>SPECIAL ASST. SECRETARY</b> <b>3.28.00</b> DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>GOLDMAN, MARILYN S.</b> <b>140 CANDACE DR</b> <b>MAITLAND FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Kenneth B. Arola</b> <b>691 S. Milpitas Blvd.</b> <b>Milpitas, CA 95035</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>GOLDMAN, S.I.</b> <b>140 CANDACE DR</b> <b>MAITLAND FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/CFO</b> <b>J. Peter Campagna</b> <b>691 S. Milpitas Blvd.</b> <b>Milpitas, CA 95035</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>GOLDMAN, STEPHEN H.</b> <b>140 CANDACE DR</b> <b>MAITLAND FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/VP</b> <b>Dana E. Miles</b> <b>691 S. Milpitas Blvd.</b> <b>Milpitas, CA 95035</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITCHURCH, E. F.</b> <b>140 CANDACE DR</b> <b>MAITLAND FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WAGMAN, DAVID S.</b> <b>140 CANDACE DRIVE</b> <b>MAITLAND FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>J. Peter Campagna, Treasurer</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4/5/00</b> Date	<b>(408)945-8600</b> Daytime Phone #
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CR2E034 (9/99)