

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K95706

1. Entity Name

DELTECH SYSTEMS, INC. ✓

Principal Place of Business

1501 QUAIL ST.
NEWPORT BEACH CA 92660
US

Mailing Address

P.O. BOX 7350
NEWPORT BEACH CA 92658
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2962203

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'ANGELO, SALVATORE
320 E. SOUTH STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE DCP ☐ Delete
NAME BOYD, DANIEL W
STREET ADDRESS 1501 QUAIL ST
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE VTD ☒ Delete
NAME BARTON, JAMES A.
STREET ADDRESS 1501 QUAIL ST.
CITY-ST-ZIP NEWPORT BEACH CA

TITLE S ☒ Delete
NAME RONNENBERG, KRISTIN L
STREET ADDRESS 1501 QUAIL ST.
CITY-ST-ZIP NEWPORT BEACH CA

TITLE C ☒ Delete
NAME POTERAJ, ROBERT S
STREET ADDRESS 1501 QUAIL ST
CITY-ST-ZIP NEWPORT BEACH CA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME David W. Rommelmann
STREET ADDRESS 165 S. Union, Suite 200
CITY-ST-ZIP Lakewood, CO 80228

TITLE ☐ Change ☒ Addition
NAME David W. Huchel
STREET ADDRESS 1501 Quail St.
CITY-ST-ZIP Newport Beach, CA 92660

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

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/13/00
Date

949-476-3400
Daytime Phone #

CR2E034 (5/00)



DO NOT WRITE IN THIS SPACE