

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000685

1. Entity Name

SQL INTEGRATOR, LLC

FILED

00 JAN 18 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1117 NOBB HILL DRIVE
WEST CHESTER PA 19380

Mailing Address

1117 NOBB HILL DRIVE
WEST CHESTER PA 19380-1884



2. Principal Place of Business

3. Mailing Address

PO Box 1472

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WEST CHESTER

City & State

City & State

PA

4. FEI Number

22-3649747

Applied For

Not Applicable

Zip

Country

Zip

19380

Country

USA

5. Certificate of Status Desired

☐

\$5.00 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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CORNWELL, DAVID
NERVIERSLEI 14, 2900 SCHOTEN
BELGIUM ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CORNWELL, DAVID
1117 NOBB HILL DRIVE
WEST CHESTER PA 19380 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600003117225-014
-02/01/00--01037--014
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE (DAVID B. CORNWELL)

1/14/00

610 918 4626

Date

Daytime Phone #