

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000016875**1. Entity Name
CONVERGENT LABEL TECHNOLOGY, INC.

Principal Place of Business

620 WARE BLVD.

TAMPA
33619

FL

Mailing Address

620 WARE BLVD.

TAMPA
33619

FL

2. Principal Place of Business

618 WARE BLVD.

3. Mailing Address

618 WARE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA

FL

City & State

TAMPA

FL

Zip
33619Country
USZip
33619Country
US

4. FEI Number

52-2220387

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.PLANTATION
33324

FL

US

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 _____ 01/25/2001

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MALENCHE TERRY LVP		
STREET ADDRESS	618 WARE BLVD.		
CITY-ST-ZIP	TAMPA FL 33619		
TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PRICE SYBIL VP		
STREET ADDRESS	618 WARE BLVD.		
CITY-ST-ZIP	TAMPA FL 33619		
TITLE	EVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BEASLEY TEDDIS EVP		
STREET ADDRESS	618 WARE BLVD.		
CITY-ST-ZIP	TAMPA FL 33619		
TITLE	EVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	REED R. MEVP		
STREET ADDRESS	15500 WEST 108TH ST.		
CITY-ST-ZIP	LENEXA KS 66219		
TITLE	CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	POOTON THOMPSON JCEO		
STREET ADDRESS	618 WARE BLVD.		
CITY-ST-ZIP	TAMPA FL 33619		
TITLE	PR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEMAY JOHN DPR		
STREET ADDRESS	127 PUBLIC SQUARE, 28TH FLOOR		
CITY-ST-ZIP	CLEVELAND OH 441141306		

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: TERRY L. MALENCHE

VP

01/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

GLENN CALDERON - VP
618 WARE BLVD.

TAMPA, FL 33619

PAT FLAHERTY - VP
3301 ENTERPRISE AVE.

JOPLIN, MO 64801