

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00784

1. Entity Name

ADP MARSHALL, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90183 045 \*\*\*150.00

Principal Place of Business

2480 N. ARCADIA AVE.  
TUCSON AZ 85712

Mailing Address

3353 MICHELSON DR  
551M  
IRVINE CA 92612-0650  
US

2. Principal Place of Business

3. Mailing Address

ONE ENTERPRISE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F2B

City & State

City & State

ALISO VIEJO, CA

Zip

Country

Zip

Country

92656-2606

US

4. FEI Number

86-0257162

Applied For

Not Applicable

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

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	MCNAMARA, RA	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE	CVP	<input checked="" type="checkbox"/> Delete
NAME	HARMAN, DD	
STREET ADDRESS	2480 N ARCADIA AVE	
CITY-ST-ZIP	TULSA AZ 85712	
TITLE	SPVT	<input type="checkbox"/> Delete
NAME	HULL, SF	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FISHER, LN	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAWYER, STEPHEN J	
STREET ADDRESS	2480 NORTH ARCADIA AVENUE	
CITY-ST-ZIP	TUCSON AZ 85712	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MORROW, T.H.	
STREET ADDRESS	3353 MICHELSON DR.	
CITY-ST-ZIP	IRVINE CA 92698	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREIRA, D.M.	
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	

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:

T.H. MORROW, ASST. TREASURER

2/15/2000

(949)349-4031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)