

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21511

1. Entity Name

ALPHA MICROSYSTEMS, INC.

Principal Place of Business

2722 S. FAIRVIEW STREET
SANTA ANA CA 92704
US

Mailing Address

2722 S. FAIRVIEW STREET
SANTA ANA CA 92704-5947
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

95-3108178

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	VP	<input type="checkbox"/> Delete
NAME	GLADE, JOHN F.	
STREET ADDRESS	5934 W. VIEW DRIVE	
CITY-ST-ZIP	ORANGE CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TULLIO, DOUGLAS J	
STREET ADDRESS	1380 TEMPLE HILLS DRIVE	
CITY-ST-ZIP	LAGUNA BCH CA 92651	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, CLARKE E	
STREET ADDRESS	13013 CAMINITO BRACHO	
CITY-ST-ZIP	R. BERNARDO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANKIN, ROCKELL H.	
STREET ADDRESS	12671 PROMONTORY ROAD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VPCF	<input checked="" type="checkbox"/> Delete
NAME	DUNNIGAN, JEFFREY J	
STREET ADDRESS	209 TAROCCO	
CITY-ST-ZIP	IRVINE CA 92720	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHMARIAN, RICHARD E	
STREET ADDRESS	2400 VIA CARRILLO	
CITY-ST-ZIP	PALOS VERDES CA 90274	

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

Douglas J. Tullio Douglas J. Tullio

11/10/00

(714) 957-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90057 026 ***158.75

010024



DO NOT WRITE IN THIS SPACE