

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90041 042 ***150.00

DOCUMENT # P28647
 1. Entity Name
ENCORE COMPUTER CORPORATION

Principal Place of Business 7786 WILES RD CORAL SPRINGS FL 33067 US	Mailing Address 7786 WILES RD CORAL SPRINGS FL 44095-4016 US
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2. Principal Place of Business 34929 CURTIS BLVD. Suite, Apt. #, etc.	3. Mailing Address 34929 CURTIS BLVD. Suite, Apt. #, etc.
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City & State EASTLAKE OHIO	City & State EASTLAKE OHIO	4. FEI Number 04-2789167	Applied For <input type="checkbox"/> Not Applicable
Zip 44095-4001	Country LAKE	Zip 44095-4001	Country LAKE



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PRENTICE HALL CORPORATION SYSTEMS, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, KENNETH G. 25 INDIAN CREEK IS. MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEYSEY, MICHAEL 34929 CURTIS BLVD EASTLAKE OH 44095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RICH, TOM 34929 CURTIS BLVD EASTLAKE OH 44095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ROWLAND H., JR. 1922 COLONIAL DR CORAL SPRINGS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S READ, CAMERON J 53 STATE STREET BOSTON MA 02109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael C. Veysey* **MICHAEL C. VEYSEY** **01-25-00** **440/953-5186**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #