## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P28647 ENCORE COMPUTER CORPORATION** Principal Place of Business Mailing Address 7786 WILES RD 7786 WILES RD CORAL SPRINGS FL 44095-4016 CORAL SPRINGS FL 33067 2. Principal Place of Business 34928 CURTIS BLVD 3. Mailing Address 34929 LURTIS BLUE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State ASTLAKS

Zip

CAKE

PRENTICE HALL CORPORATION SYSTEMS, INC.

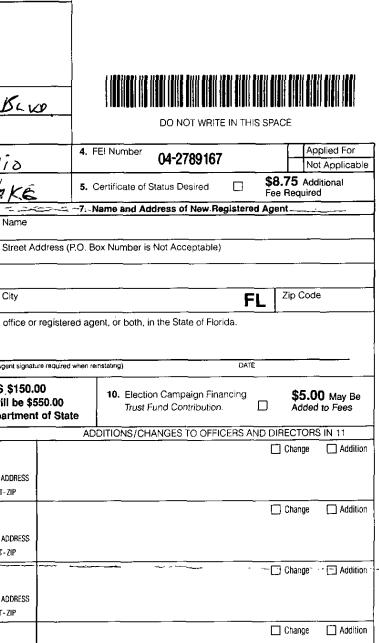
1201 HAYS STREET

6. Name and Address of Current Registered Agent

14095-400

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

03-02-2000 90041 042 \*\*\*150.00



SUITE 105 TALLAHASSEE FL 32301							
			City	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 to	tle if applicable. (NOTE: Re	egistered Agent signature	required when re-	nstating) DA	TE	
Tax filing requirement and elects to do so.  After MAY 1, 20		After MAY 1, 2000	!! FEE IS \$150.00 00 Fee will be \$550.00 le to Department of State		Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees
11.	OFFICERS AND DIR	ECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS.	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS 1 CITY-ST-ZIP	D Fisher, Kenneth G. 25 Indian Creek Is. Miami Fl. P	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VEYSEY, MICHAEL 34929 CURTIS BLVD EASTLAKE OH 44095	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RICH, TOM 34929 CURTIS BLVD EASTLAKE OH 44095	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ROWLAND H., JR. 1922 COLONIAL DR CORAL SPRINGS FL	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S READ, CAMERON J 53 STATE STREET BOSTON MA 02109	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Change	☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL C. VEYSEY 01-25-00