May 07, 1999 8:00 am Secretary of State

05-07-1999 90100 005 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000045837

1. Corporation Name

VALUE MANAGEMENT TECHNOLOGIES, INC.

Principal Place of Business Se22 WILLOWGLEN TRAIL CHARLOTTE NC 28215 DO NOT WRITE IN THIS SPACE						
CHARLOTTE NC 28215 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/18/1998 4. FEI Number 5 9 - 35 31 840 Not Applicable 5. Certificate of Status Desired Fee Required City & State Discreption owes the current year Intragible Personal Property Tax. City & State BIRCHFIELD, WILLIAM 0 III 4123 LONDON ROAD JACKSONVILLE FL 32207 BY Country BY Count	Principal Place	e of Business	Mailing Address		I (BEI) IN THE REAL PRINTS OF THE PRINTS OF	, 616 51 611 61 151 55 1111 156 156
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/18/1998 2. Principal Place of Business 2. Applied For 21] 22. Suite, Apt. #, etc. 22] 23. Suite, Apt. #, etc. 25. Certificate of Status Desired \$8.75 Additional Fee Required 26. Election Campaign Financing \$5.00 May Be Added to Fees 27. Trust Fund Contribution Added to Fees 28. This corporation owes the current year Intangible Personal Property Tax,						
3. Date Incorporated or Qualified OS/18/1998	CHARLOTTE NC 28215 CHARLOTTE NC 28215				DO NOT WRITE IN THE	S SDACE
2. Principal Place of Business						3 ST ACL
Suite, Apt. #, etc.					05/18/1998	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. State State	2. Principal P	lace of Business	2a. Mailing Address			
S. Certificate of Status Desired Fee Required	21		26		59-3531890	
City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	
Zip Country Zip Country Stip Stip Country Stip	22					
Zip Country Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name Name Name Name Name Name Name Name	<u> </u>	e	City & State			• • •
Personal Property Tax. Xyes No						
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Name N	⊢ '	Country	·	-		
BIRCHFIELD, WILLIAM 0 III 4123 LONDON ROAD JACKSONVILLE FL 32207 84 City Tack Sourcille FL 85 Zip Code 32205 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of purpose of and tide if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Additional Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 32205 84 City Tack Sourcille FL 85 Zip Code 32205 85 Zip Code 32205 86 City Signature, typed or printed name of purpose of changing its registered agent above-named corporation's board of directors. I hereby accept the appointment as registered agent, and with a printing agent and signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME MILLAR, DANIEL L STREET ADDRESS 1884 GOLDENEYE DR. 13. STREET ADDRESS CITY-ST-ZIP HOLLAND MI 49424 TITLE Change Additional Community of the city of the corporation submits this statement for the purpose of change and with a printing of the corporation's board of directors. I hereby accept the appointment as registered agent and with a printing of the corporation's board of directors. I hereby accept the appointment as registered agent and with a printing of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appoi	24		-)		
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4123 LONDON ROAD JACKSONVILLE FL 32207 82 Street Address (P.O. Box Number is Not Acceptable) 3 8 8 Richard and Street 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of bipdierred agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP HOLLAND MI 49424 TITLE D Change Additionable Change Change Change Change Change Change Change	DIDCHEIELD WILLIAM O III			Wanne W	illiam O. Birchfield	
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Signature, typed or printed name of edgerered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE	agent. I a	m familiar with, and accept the obligate	ons of, Section 607.0505, Florida	a Statutes.	11/27/	60
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D □ DELETE 1.1 TITLE □ Change □ Additional Change	SIGNATURE		and title if applicable (NOTE Re	ostered Agent signature require		27
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			☐ DELETE			Change Addit
NAME MILLAR, SCOTT W # 22 NAME	NAME	MILLAR, SCOTT W		2.2 NAME		
STREET ADDRESS 9522 WILLOWGLEN TRAIL 23 STREET ADDRESS	STREET ADDRESS	OFFICE MALE OFFICE TO ALL		2.3 STREET ADDRESS		
CITY-ST-ZIP CHARLOTTE NC 28215 2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP		
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NAME MILLAR, KEVIN M 32 NAME	NAME) -		3.2 NAME		
STREET ADDRESS 2224 EMMET COURT 33 STREET ADDRESS	STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP SANTA CLARA CA 95151 34. CITY-ST-ZIP				3.4. CITY-ST-ZIP		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-Z)P

BIRCHFIELD, WILLIAM O III

JACKSONVILLE FL 32207

4123 LONDON ROAD

SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

DELETE

☐ Change

Change

Change

☐ Addition

☐ Addition

☐ Addition