

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

0622692 AT

DOCUMENT # **845073**

1. Entity Name
POWERWARE CORPORATION



04-15-2003 90114 024 ***150.00

Principal Place of Business: **8609 SIX FORKS RD
RALEIGH NC 27615
US**

Mailing Address: **8609 SIX FORKS RD
RALEIGH NC 27615
US**



2. Principal Place of Business: Suite, Apt. #, etc.
City & State

3. Mailing Address: Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

Zip: Country

4. FEI Number **23-2119242**
Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	AS	<input type="checkbox"/> Delete
NAME	TURNER, PATRICIA J	
STREET ADDRESS	735 POST ROAD EAST	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEVYLDER, EDGAR P	
STREET ADDRESS	333 LUDLOW ST	
CITY-ST-ZIP	STAMFORD CT	
TITLE	P	<input type="checkbox"/> Delete
NAME	NICHOLAS, RICHARD	
STREET ADDRESS	8609 SIX FORDS RD	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RENT, PETER	
STREET ADDRESS	8609 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK ASCOLESE	
STREET ADDRESS	8609 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH, NC 27615	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD NICHOLAS	
STREET ADDRESS	8609 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH, NC 27615	
TITLE	TIMOTHY J. DOWD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT / SECRETARY	
STREET ADDRESS	8609 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH, NC 27615	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of Mark Ascolese* **April 9, 2003** Date Daytime Phone #

CR2E034 (10/02)