

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90039 021 \*\*\*150.00

**DOCUMENT # F98000001369**

1. Entity Name

**PACE MICRO TECHNOLOGY PLC.**

Principal Place of Business

2650 NORTH MILITARY TRAIL  
 SUITE 300  
 BOCA RATON FL 33431  
 OC

Mailing Address

2650 NORTH MILITARY TRAIL  
 SUITE 300  
 BOCA RATON FL 33431-1808  
 OC

2. Principal Place of Business

**2700 N. Military Trail**

3. Mailing Address

**2700 N. Military Trail**

Suite, Apt. #, etc.

**300**

Suite, Apt. #, etc.

**300**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip

**33431**

Country

**USA**

Zip

**33431**

Country

**USA**

4. FEI Number

**98-0154794**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, CLYDE**  
**2000 GLADES RD., STE 210**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Neil Gaydon**  
 Street Address (P.O. Box Number is Not Acceptable) **2700 N. Military Trail**  
**Suite 300**  
 City **Boca Raton** FL Zip Code **33431**

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]*

**NEIL GAYDON,**

**3/7/00**

Signature, typed or printed name of registered agent and the responsible officer.

(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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> De'te
CEO	MILLER, MALCOLM M	WINTSTON HOUSE, THE AVE., RADLETT	HERTFORDSHIRE WD7 7DW ENGLAN	<input type="checkbox"/>
C	MORGAN, PETER W	CLEEVES WEYDOWN RD., HASELMERE	SURREY, GU27 1DT, ENGLAND	<input type="checkbox"/>
D	HOOD, DAVID R	MANBY BARN, HAWKSWICK, LITTONDALE	SKIPTON BD23 5QA ENGLAND	<input checked="" type="checkbox"/>
D	FLEMING, ROBERT A	BRANDON HALL, TARN LANE, LEEDS	W. YORKSHIRE LS17 9JQ ENGLAN	<input type="checkbox"/>
D	DYSON, JOHN H	BODALAIR, SANDFORD LANE, HURST	BERKSHIRE RG100 SU ENGLAND	<input type="checkbox"/>
D	RISDON, KURT P	171 ALLERTON RD, ALLERTON	BRADFORD, BD157AB ENGLAND	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

*[Signature]* **J. DYSON**

Date

**1/12/00**

Daytime Phone #

**+44 1274 537000**

CR2E034 19/99