

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006242

1. Entity Name  
**T-MASS SYSTEMS CORPORATION**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90127 021 \*\*\*158.75

Principal Place of Business <b>1999 HIGHVIEW ROAD CORALVILLE IA 52241</b>	Mailing Address <b>1999 HIGHVIEW ROAD CORALVILLE IA 52241</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1100 5th St. Suite, Apt. #, etc. Suite 250 City &amp; State Coralville, IA Zip 52241</b>	Country <b>USA</b>	3. Mailing Address <b>1100 5th St. Suite, Apt. #, etc. Suite 250 City &amp; State Coralville, IA Zip 52241</b>	Country <b>USA</b>
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4. FEI Number <b>39-1876944</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH 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

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)

**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 <b>CPST</b>	NAME <b>LONG, C. SCOTT</b>
STREET ADDRESS <b>1999 HIGHVIEW ROAD</b>	
CITY-ST-ZIP <b>CORALVILLE IA 52241</b>	
TITLE <b>DV</b>	NAME <b>LONG, MARILYN</b>
STREET ADDRESS <b>1999 HIGHVIEW ROAD</b>	
CITY-ST-ZIP <b>CORALVILLE IA 52241</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>CPST</b>	NAME <b>Long, C. Scott</b>
STREET ADDRESS <b>1100 5th St. Suite 250</b>	
CITY-ST-ZIP <b>Coralville, IA 52241</b>	
TITLE <b>DV</b>	NAME <b>Long, Marilyn E.</b>
STREET ADDRESS <b>1100 5th St. Suite 250</b>	
CITY-ST-ZIP <b>Coralville, IA 52241</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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: Marilyn E. Long Marilyn E. Long 03-02-00 319-351-4232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)