

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90156 038 ***150.00

DOCUMENT # F00000002678

1. Entity Name
SKYCROSS, INC.



Principal Place of Business
**300 A. NORTH DRIVE
MELBOURNE FL 32934**

Mailing Address
**300 A. NORTH DRIVE
MELBOURNE FL 32934**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3634343

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOLLAND & KNIGHT LLP
PATRICK F. HEALY
1499 SOUTH HARBOR CITY BLVD. SUITE 201
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **Gray Harris LLP - Patrick F. Healy**
Street Address (P.O. Box Number is Not Acceptable)
Suite 1400
310 E. Pine Street
City **Orlando, FL** Zip Code **32802**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DBM CUMMINGS, MARK 360 KIELY BLVD., SUITE 250 SAN JOSE CA 95129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM HAMILTON, JEFFERY 17 ACADEMY STREET NEWARK NJ 07102-2905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORTON, CHRIS 485 N. KELLER ROAD, SUITE 100 MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCB HAASE, ALAN 300 A NORTH DRIVE MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM LAISURE, MARK 3235 ROSWELL ROAD NE #917 ATLANTA GA 30305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM PENKACIK, AARON P.O. BOX 868 NASHUA NH 03061-0868	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Patrick F. Healy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 321-308-6639
Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

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Skycross Inc.
300 A North Drive
Melbourne, Fl. 32934

Board of Directors

Title: C/D - Chairman of the Board
Name: Swanson, Lars
Business Address: 175 Federal Street
10th Floor
M/S 75-10-01
Boston, MA 02110

Title: D/P – President/CEO/Board Member
Name: Morton, Chris
Business Address: 300 A North Drive
Melbourne, FL 32934

Title: D - Board Member
Name: Laisure, Mark
Business Address: 3235 Roswell Road NE #917
Atlanta, GA 30305

Title: D - Board Member
Name: Penkacik, Aaron
Business Address: P.O. Box 868
Nashua, NH 03061-0868

Title: D - Board Member
Name: Cummings, Mark
Business Address: 360 Kiely Blvd.
Suite 250
San Jose, CA 95129

Title: D - Board Member
Name: Hamilton, Jeffery
Business Address: 17 Academy Street
12th Floor
Newark, NJ 07102-2905

ATTACHMENT

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Officers

Title: D/P – President/CEO/Board Member
Name: Morton, Chris
Business Address: 300 A North Drive
Melbourne, FL 32934
SS# 149-43-3979
DOB 07/05/47

Title: T/S – Chief Financial Officer, Treasurer, Secretary
Name: Bartczak, Kevin
Business Address: 300 A North Drive
Melbourne, FL 32934
SS# 187-44-1437
DOB 05/02/53

Title: Chief Operating Officer, Asst. Secretary
Name: Halley, David
Business Address: 300 A North Drive
Melbourne, FL 32934
SS# 403-50-8215
DOB 03/03/41