

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90087 008 ***150.00

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1. Entity Name

ADTEK INFORMATION SYSTEMS, INC.



Principal Place of Business

551 FIFTH AVENUE, SUITE 509
NEW YORK, NY 10176

Mailing Address

551 FIFTH AVENUE, SUITE 509
NEW YORK, NY 10176

40000000

2. Principal Place of Business - No P.O. Box #

500 Fifth Avenue

3. Mailing Address

500 Fifth Avenue

Suite, Apt. #, etc.

Suite 2110

Suite, Apt. #, etc.

Suite 2110

City & State

New York, NY 10110

City & State

New York, NY 10110

Zip

Country

Zip

Country

01172007

Chg-P

CR2E034 (12/06)

4. FEI Number

13-3355495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
P
STREET ADDRESS ESPOSITO, ANTHONY J
CITY-ST-ZIP 551 FIFTH AVENUE, SUITE 509
NEW YORK, NY 10176

TITLE NAME ☐ Delete
V
STREET ADDRESS ZEHL, BUD
CITY-ST-ZIP 551 FIFTH AVENUE, SUITE 509
NEW YORK, NY 10176

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 500 Fifth Avenue Suite 2110
CITY-ST-ZIP New York, NY 10110

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 500 Fifth Avenue Suite 2110
CITY-ST-ZIP New York, NY 10110

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY ESPOSITO

1/25/07

Title

Daytime Phone