

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005598

1. Entity Name

CYBERTEK FINANCIAL ADMINISTRATIVE SERVICES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90157 032 ***150.00

Principal Place of Business

Mailing Address

1290 SILAS DEANE HWY
WEHTERSFIELD CT 16129-0619
US

C/O HEATHER BORKIEWICZ
1290 SILAS DEANE HWY.
WETHERSFIELD CT 06109-4303
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 10

Suite, Apt. #, etc.

Tax Dept.

City & State
Columbia, SC

Zip

29202

Country

Richland



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 06-1113257

Applied For

Not Applicable

Zip

Country

Zip

29202

Country

Richland

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P. ☐ Delete
NAME MONAT, BELINDA
STREET ADDRESS 180 CIDER MILL RD
CITY-ST-ZIP GLASTONBURY CT

TITLE D ☒ Delete
NAME SAWYER, FREDERIC W III
STREET ADDRESS 8 SACHEM DRIVE
CITY-ST-ZIP GLASTONBURY CT

TITLE D ☒ Delete
NAME SEARFOSS, DAVID W
STREET ADDRESS 3 STRATFORD RD.
CITY-ST-ZIP FARMINGTON CT 06032

TITLE V ☒ Delete
NAME HLOUSEK, PETER R
STREET ADDRESS 134 AIRLINE RD.
CITY-ST-ZIP CLINTON CT 06413

TITLE SVP ☒ Delete
NAME WASGATT, BONNIE
STREET ADDRESS 32 OAK KNOLL RD.
CITY-ST-ZIP EAST HAMPTON CT

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME Stephen G. Morrison
STREET ADDRESS One Pm3c Center
CITY-ST-ZIP Blythewood, SC 29016

TITLE ☒ Change ☒ Addition
NAME Timothy V. Williams
STREET ADDRESS One Pm3c Center
CITY-ST-ZIP Blythewood, SC 29016

TITLE Director ☐ Change ☒ Addition
NAME G. Larry Wilson
STREET ADDRESS One Pm3c Center
CITY-ST-ZIP Blythewood, SC 29016

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY V. WILLIAMS

Date

4/20/00

Daytime Phone #

803-333-4000