

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-06-2000 90036 050 ***150.00

DOCUMENT # P00902

1. Entity Name

TEKNEKRON INFOSWITCH CORPORATION

Principal Place of Business

Mailing Address

4425 CAMBRIDGE ROAD
 FT. WORTH TX 76155

4425 CAMBRIDGE ROAD
 FT. WORTH TX 76155-2629

LUUJZUJ1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4040 W. Royal Lane

4040 W. Royal Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 100

Suite # 100

City & State

City & State

Irving Tx

Irving Tx

Zip

Country

Zip

Country

75063

USA

75063

USA

4. FEI Number

74-2271956

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
 1200 S. 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	PCD	☐ Delete
NAME	TAMER, MICHAEL J.	
STREET ADDRESS	4425 CAMBRIDGE ROAD	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	S	☐ Delete
NAME	ANTHONY, CYNTHIA S.	
STREET ADDRESS	4425 CAMBRIDGE ROAD	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	T	☒ Delete
NAME	THOMAS LOO	
STREET ADDRESS	BRYAN GAVE 120 BROADWAY #500	
CITY-ST-ZIP	SANTA MONICA CA 90401	
TITLE	CFO	☒ Delete
NAME	RICHARD CASTRANOVA	
STREET ADDRESS	4425 CAMBRIDGE	
CITY-ST-ZIP	FT. WORTH TX 76155	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☒ Change ☐ Addition
NAME	4040 W. Royal Lane #100	
STREET ADDRESS	Irving, Texas	
CITY-ST-ZIP	75063-2825	
TITLE		☒ Change ☐ Addition
NAME	4040 W. Royal Lane #100	
STREET ADDRESS	Irving, Texas	
CITY-ST-ZIP	75063-2825	
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:

Capt. S. Anthony Seidley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-00

Date

Daytime Phone #

CR2E034 (9/99)