


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90766 027 ***150.00

DOCUMENT # P18368					
1. Entity Name UNISYS WORLD TRADE, INC.					
Principal Place of Business UNISYS WAY M/S E8-120 BLUE BELL, PA 19424 US			Mailing Address UNISYS WAY M/S E8-120 BLUE BELL, PA 19424 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-2746150	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CBP	<input type="checkbox"/> Delete	TITLE	C/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, NANCY L		NAME	Nancy L. Miller	
STREET ADDRESS	UNISYS WAY M/S E8-120		STREET ADDRESS		
CITY-ST-ZIP	BLUE BELL, PA 19424		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAINE, JACK A.		NAME		
STREET ADDRESS	UNISYS WAY M/S E8-120		STREET ADDRESS		
CITY-ST-ZIP	BLUE BELL, PA 19424		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLL, PETER S		NAME	Peter S. Noll	
STREET ADDRESS	UNISYS WAY M/S E8-120		STREET ADDRESS		
CITY-ST-ZIP	BLUE BELL, PA 19424		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE, SUSAN T		NAME	Susan T. Keene	
STREET ADDRESS	UNISYS WAY M/S E8-120		STREET ADDRESS		
CITY-ST-ZIP	BLUE BELL, PA 19424		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Mary Kay Gould	
STREET ADDRESS			STREET ADDRESS	Unisys Way - Ms: E8-120	
CITY-ST-ZIP			CITY-ST-ZIP	Blue Bell, PA 19424	
TITLE		<input type="checkbox"/> Delete	TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gary E. Purvey	
STREET ADDRESS			STREET ADDRESS	Unisys Way - E8-120	
CITY-ST-ZIP			CITY-ST-ZIP	Blue Bell, PA 19424	
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: <u>Marian S. Keene</u>			Date: <u>4/26/04</u> Daytime Phone #: <u>215-986-4778</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		