

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90059 040 ***150.00

00350484

DOCUMENT # P96000023455

1. Entity Name
EXCELIS, INC.

Principal Place of Business
**8435 STEMMONS FREEWAY
 DALLAS TX 75247-3907
 US**

Mailing Address
**150 2ND AVENUE NORTH
 SUITE 1600
 ST. PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address
1 First American Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Santa Ana, CA

4. FEI Number **59-3371395**

Applied For
 Not Applicable

Zip

Country

Zip
92707

Country

USA

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	KENNEDY, PARKER S	
STREET ADDRESS	114 FIFTH STREET	
CITY-ST-ZIP	SANTA ANA CA 92701	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, JOHN W	
STREET ADDRESS	150 SECOND AVENUE NORTH SUITE 1600	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZINDA, CRAIG J	
STREET ADDRESS	150 SECOND AVENUE NORTH SUITE 1600	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABIDE, RAYMOND G JR	
STREET ADDRESS	8435 STEMMONS FREEWAY	
CITY-ST-ZIP	DALLAS TX 75247-3907	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANDO, BARRY M	
STREET ADDRESS	8435 STEMMONS FREEWAY	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE: _____

Craig J. Zinda

April, 2001 (800) 229-8426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)