

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000063106

FILED  
Sep 13, 2002  
Secretary of State

Entity Name: CLW SYSTEMS, INC.

## Current Principal Place of Business:

SCOTCH ROAD  
MERCER COUNTY AIRPORT  
TRENTON, NJ 08628

## New Principal Place of Business:

## Current Mailing Address:

SCOTCH ROAD  
MERCER COUNTY AIRPORT  
TRENTON, NJ 08628

## New Mailing Address:

FEI Number: 65-0696089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GIBBS, KATHY  
5265 N.W. 108TH AVENUE  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LINEBARGER, LEON  
Address: SCOTCH ROAD MERCER COUNTY AIRPORT  
City-St-Zip: TRENTON, NJ 08628

Title: D ( ) Delete  
Name: OWINGS, BILL  
Address: SCOTCH ROAD MERCER COUNTY AIRPORT  
City-St-Zip: TRENTON, NJ 08628

Title: CP ( ) Delete  
Name: GOODSON, MICHAEL J.  
Address: SCOTCH ROAD MERCER COUNTY AIRPORT  
City-St-Zip: TRENTON, NJ

Title: S ( ) Delete  
Name: DOBES, CARL H  
Address: SCOTCH ROAD MERCER COUNTY AIRPORT  
City-St-Zip: TRENTON, NJ

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: GRAVES, MICHELE  
Address: SCOTCH ROAD MERCER COUNTY AIRPORT  
City-St-Zip: TRENTON, NJ

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE GRAVES

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09/13/2002

Electronic Signature of Signing Officer or Director

Date