

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90192 022 ***150.00

DOCUMENT # F00000005613

1. Entity Name
GRAPHCO TECHNOLOGIES, INC.

Principal Place of Business
**100 N. TAMPA STREET, SUITE 4000
TAMPA FL 33602**

Mailing Address
**100 N. TAMPA STREET, SUITE 4000
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Newtown PA

Zip

Country

Zip
18940

Country
USA

4. FEI Number **23-2828769**

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

**WATKINS, DAVID
100 N. TAMPA STREET, SUITE 4000
TAMPA FL 33602**

Name **NRAI Services Inc.**

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue

City **Tallahassee** FL Zip Code **32301**

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 *Leif P. Tannessen*
Leif P. Tannessen, Assistant Secretary

4/26/2001
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, 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 **DCEO** ☐ Delete
NAME **IVANESCU, CRISTIAN**
STREET ADDRESS **41 UNIVERSITY DRIVE, SUITE 205**
CITY-ST-ZIP **NEWTOWN PA 18940**

TITLE **CFO** ☐ Change ☒ Addition
NAME **mark M. Miller**
STREET ADDRESS **41 University Drive**
CITY-ST-ZIP **Newtown PA 18940**

TITLE **PO** ☐ Delete
NAME **STONE, RONALD**
STREET ADDRESS **41 UNIVERSITY DRIVE, SUITE 205**
CITY-ST-ZIP **NEWTOWN PA 18940**

TITLE **VICE CHAIRMAN / Director** ☐ Change ☐ Addition
NAME **STONE, RONALD**
STREET ADDRESS **41 University Dr.**
CITY-ST-ZIP **NEWTOWN PA 18940**

TITLE **SD** ☐ Delete
NAME **KENNER, EDWARD**
STREET ADDRESS **41 UNIVERSITY DRIVE, SUITE 205**
CITY-ST-ZIP **NEWTOWN PA 18940**

TITLE **SECTY. / Director** ☒ Change ☐ Addition
NAME **KRAMER, Edward**
STREET ADDRESS **41 University Dr.**
CITY-ST-ZIP **NEWTOWN PA 18940**

TITLE **TCFO** ☒ Delete
NAME **MCCARTHY, REID S**
STREET ADDRESS **41 UNIVERSITY DRIVE, SUITE 205**
CITY-ST-ZIP **NEWTOWN PA 18940**

TITLE **Malvin Stein** ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **41 University Dr.**
CITY-ST-ZIP **Newtown, PA 18940**

TITLE **D** ☐ Delete
NAME **GLATZER, ROSS**
STREET ADDRESS **41 UNIVERSITY DRIVE, SUITE 205**
CITY-ST-ZIP **NEWTOWN PA 18940**

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

TITLE **D** ☐ Delete
NAME **LINDGREN, ULF**
STREET ADDRESS **41 UNIVERSITY DRIVE, SUITE 205**
CITY-ST-ZIP **NEWTOWN PA 18940**

TITLE **President** ☐ Change ☒ Addition
NAME **Ruddle, JERRY**
STREET ADDRESS **41 University Dr.**
CITY-ST-ZIP **NEWTOWN PA 18940**

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: *Cristian Ionescu*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4-25-01 (215) 497-9170

CR2E034 (10/00)