

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90009 031 ***550.00

DOCUMENT # F97000000093

1. Entity Name
XEROX CONNECT, INC.

Principal Place of Business
411 EAGLEVIEW BLVD
EXTON PA 19341

Mailing Address
411 EAGLEVIEW BLVD
EXTON PA 19341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2844307**

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

SAME

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

N/A

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☒ Delete
 NAME **TAIT, STEVE**
 STREET ADDRESS **100 LINTON AVENUE**
 CITY-ST-ZIP **ROCHESTER NY 14644**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Michael MacDonald**
 STREET ADDRESS **100 Clinton Ave. South**
 CITY-ST-ZIP **Rochester NY 14644**

TITLE **VP** ☒ Delete
 NAME **GILLIAM, CHARLES**
 STREET ADDRESS **800 LONG RIDGE ROAD**
 CITY-ST-ZIP **STAMFORD CT 06904**

TITLE **President** ☒ Change ☐ Addition
 NAME **James Joyce**
 STREET ADDRESS **5350 Transportation Blvd.**
 CITY-ST-ZIP **Cleveland OH 44125**

TITLE **VP** ☒ Delete
 NAME **BLAIN, JEFFREY**
 STREET ADDRESS **411 EAGLEVIEW BLVD.**
 CITY-ST-ZIP **EXTON PA 19341**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **Robert Hope**
 STREET ADDRESS **855 Publishers Parkway**
 CITY-ST-ZIP **Webster NY 14580**

TITLE **S** ☐ Delete
 NAME **WAGNER, MARTIN**
 STREET ADDRESS **411 EAGLEVIEW BLVD.**
 CITY-ST-ZIP **EXTON PA 19341**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Robert Hope
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/01

716-349-9001

0132408 AT

CR2E034 (5/01)