

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90406 012 \*\*\*150.00

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01142005 Chg-P CR2E034 (10/03)

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # P18368</b><br>1. Entity Name<br><b>UNISYS WORLD TRADE, INC.</b>   |   |  |   |  |  |
| Principal Place of Business<br><b>UNISYS WAY<br/>M/S E8-120<br/>BLUE BELL, PA 19424 US</b>  |   |  | Mailing Address<br><b>UNISYS WAY<br/>M/S E8-120<br/>BLUE BELL, PA 19424 US</b>  |  |  |
| 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<br><b>13-2746150</b>  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  | <b>\$8.75 Additional Fee Required</b>   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CPD<br>MILLER, NANCY L<br>UNISYS WAY M/S E8-120<br>BLUE BELL, PA 19424  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>BLAINE, JACK A.<br>UNISYS WAY M/S E8-120<br>BLUE BELL, PA 19424    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTD<br>NOLL, PETER S<br>UNISYS WAY M/S E8-120<br>BLUE BELL, PA 19424    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTD<br>SARKISIAN, EDWARD A.<br>UNISYS WAY, MS: E8-120, BLUE BELL, PA 19424 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VSD<br>KEENE, SUSAN T<br>UNISYS WAY M/S E8-120<br>BLUE BELL, PA 19424   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>GOULD, MARY KAY<br>UNISYS WAY - MS: E8-120<br>BLUE BELL, PA 19424 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AT<br>PURVEY, GARY E<br>UNISYS WAY - E8 120<br>BLUE BELL, PA 19424      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |
| 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>Sharon J. Kern</u> VP & Secretary   |   |  | Date: <u>4/18/05</u> Daytime Phone # _____  |  |  |

**UNISYS WORLD TRADE, INC**

attachment

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P18368

**Headquarters:** Unisys Way  
Blue Bell, Pennsylvania 19424

**Directors:** Susan T. Keene  
Edward A. Sarkisian  
Nancy L. Miller

|                  |                     |                                     |
|------------------|---------------------|-------------------------------------|
| <b>Officers:</b> | Nancy L. Miller     | Chairman of the Board and President |
|                  | Susan T. Keene      | Vice President and Secretary        |
|                  | Edward A. Sarkisian | Vice President and Treasurer        |
|                  | Mary Kay Gould      | Assistant Secretary                 |
|                  | Gary E. Purvey      | Assistant Treasurer                 |

April 22, 2004