

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90023 040 ***150.00

0610002 AT

DOCUMENT # 643174

1. Entity Name
INTERNATIONAL ACCOUNT SYSTEMS, INC.

Principal Place of Business
15316 N FLORIDA AVE
TAMPA FL 33613

Mailing Address
~~55 DODGE ROAD~~
GETZVILLE NY 14068



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
150 CROSSPOINT PARKWAY
CORPORATE LEGAL DEPT.

DO NOT WRITE IN THIS SPACE

City & State
GETZVILLE, NY

4. FEI Number
59-1947141

Applied For
 Not Applicable

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

Zip Country
14068

6. Name and Address of Current Registered Agent
C T CORP SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRIST, MICHAEL J 515 PENNSYLVANIA AVE FORT WASHINGTON PA 19034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIOLA, CHARLES C JR 515 PENNSYLVANIA AVE FORT WASHINGTON PA 19034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP NOAH, MICHAEL G 55 DODGE ROAD GETZVILLE NY 14068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINOKUR, STEVEN L 515 PENNSYLVANIA AVE FORT WASHINGTON PA 19034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GINOIA, JOSHUA 515 PENNSYLVANIA AVE FORT WASHINGTON PA 19034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MCGOWAN, JOSEPH C 515 PENNSYLVANIA AVE FORT WASHINGTON PA 19034	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 150 CROSSPOINT PARKWAY GETZVILLE, NY 14068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition CORRECT SPELLING OF NAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition GINDIN, JOSHUA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 thereof, and am 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 *[Signature]* **SIGNATURE REQUIRED** **1/11/02** **800/227-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

International Account Systems, Inc.
d/b/a MCA International
Corporate Legal Department
150 Crosspoint Parkway
Crosspoint Business Park
Getzville, NY 14068
(800) 227-4000
(716) 404-2100
Fax (716) 404-2120

Attachment
809110
Doc# 643174

January 15, 2002

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

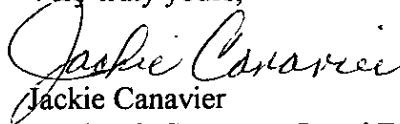
Re: International Account Systems, Inc.
d/b/a MCA International
2002 Uniform Business Report

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business Report for International Account System, Inc. d/b/a MCA International along with a check for \$150.00, for the filing fees.

Should you have any questions regarding the enclosed, please do not hesitate to contact me at 800/227-4000, ext. 2147.

Very truly yours,


Jackie Canavier

Paralegal, Corporate Legal Department

Enclosures

cc: Tracey A. Wild, Esq. (w/o encls.)

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