

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91052 014 \*\*\*150.00

**DOCUMENT # 847288**



1. Entity Name  
**FAIRCHILD WESTON SYSTEMS INC.**

Principal Place of Business  
**205 INDUSTRIAL BLVD  
SUGAR LAND TX 77478**

Mailing Address  
**205 INDUSTRIAL BLVD  
ATTN TAX DEPT  
SUGAR LAND TX 77478**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-2117854**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SORGIE, F A</b> <b>153 E 53RD ST, 57TH FL</b> <b>NY NY 10022</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FULD, L</b> <b>153 E 53RD ST, 57TH FL</b> <b>NY NY 10022</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SUMMER, E</b> <b>153 E 53RD ST, 57TH FL</b> <b>NY NY 10022</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>ARTHUR UNDERNAUER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>153 E. 53rd St., 57th Fl.</b> <b>NY, NY 10022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>DAVID S. BROWNING</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>153 E. 53rd St., 57th Fl</b> <b>NY, NY 10022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DOMINIC AFFONSO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>205 INDUSTRIAL BLVD</b> <b>SUGAR LAND, TX 77478</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>AALONE POWIS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>153 E 53rd St., 57th Fl.</b> <b>NY, NY 10022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>KEVIN WARD</b> <b>153 E. 53rd St., 57th Fl</b> <b>NY, NY 10022</b>
TITLE NAME STREET ADDRESS 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: **SURGIE** **REQUIRE** **TREASURER** **04/17/03** **281-285-4345**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)