## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 849435

1. Corporation Name

٠	

## **FILED** Jun 05, 2000 8:00 am Secretary of State

06-05-2000 90017 029 \*\*\*150.00

ESIS IN	TERNATIONAL, INC.								
Principal Place of Business  * TAX DEPARTMENT 1 3/3/200 *		1 3/3/202	) <del>Y</del>	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
	•	•			06/15/1981	1 Quaineu			
2. Principal P	Place of Business	2a. Mailing Address		<del></del>	4. FEI Number			Applied For	
21		26	čiti (e	: <u>:</u> :	23-1913993			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	5 Additional	
22		27	<u> 25 </u>		5. Certificate of Status	Desired	Fee	Required	
City & Stat	le ·	City & State	-		6. Election Campaign I	Financing	\$5.0	00_May,8e	
23		28 000000000000000000000000000000000000		·	Trust Fund Contribu	tion	Adde	ed to Fees	
Zip	Country	Zip 29 19/03 3	Country (	į	8. This corporation owe				
24	9. Name and Address of Current		01		Personal Property T		☐ Yes	No	
	5. Name and Address of Correst	Registered Agent	81 Nam		10. Name and Address	or New Registere	a Agent		
CT C	CORPORATION SYSTEM		, , , , , , , , , , , , , , , , , , ,						
1200	S. PINE ISLAND ROAD		82 Stre	et Addres	Address (P.O. Box Number is Not Acceptable)				
PLAN	NTATION FL 33324		83		<del></del>				
	_		84 City		_	F	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes.	the above-name	ed corpora	ation submits this statement	ent for the purpose	of changing	its registered	
Office or n	egistered agent, or both, in the State om familiar with, and accept the obligation	it Florida. Such change was auth	orized by the co	rporation'	s board of directors. I her	eby accept the app	ointment as	registered	
SIGNATURE			a 01010100.						
SIGNATURE	Signature, typed or printed name of registered agent	and title # applicable (NOTE, Re	gistered Agent signatu	re required wi	hen (einstating)	DATE		<del></del>	
12.	OFFICERS AND		13.		ADDITIONS/CHANGE	S TO OFFICERS	AND DIREC	TORS IN 12	
TITLE	S	DELETE	1.1 TITLE	0.5	1 - 1 - A - A	امصف	Chang	ge Addition	
NAME:	HASSEN, LISA A		1.2 NAME	( C.	heryL A. B	OWDER	LIM.		
STREET ADDRESS	1601 CHESTNUT ST		1 3 STREET ADDRES	i .	CHESTAUT ST		til Ma	,	
CITY-ST-ZIP	PHILADELPHIA PA 19192		1.4 CITY-ST-ZIP		LADELPHIA PI	A 19103		~ CUO-*	
TITLE	P	DELETE	2.1 TITLE	P/A	, samuel B.		Chang	ge 🔀 Addition	
NAME	MAY, ALAN L		2.2 NAME		•		bl Mo	214 3.	
STREET ADDRESS	1601 CHESTNUT ST		2.3 STREET ADDRES	ss lbo	CHESTANT ST	-19103	•	00 X	
CITY-ST-ZIP TITLE	PHILADELPHIA PA AS	<b>▼</b> DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	V. 1	LADELPHIA P	X (1,110)	<del>-</del> -	_ <del>-</del>	
NAME	MARX, LINDA A		32 NAME	_	᠈ kwooo=Rz <i>Œ</i> \A£	ـــــــــــۃ المات د	Chang		
STREET ADDRESS	1601 CHESTNUT STREET		33 STREET ADDRES	25 1	MICHTANT S	σŢ	bl 3	3/3/2000	
CITY-ST-ZIP	PHILADELPHIA PA 19192		34 CITY-ST-ZIP		LADELPHIA P	A -1910	<b>ን</b>	1 12	
TITLE	V	DELETE	4.1 TITLE	7,,,			Chang	e MAddition	
NAME	SCHMALZRIEDT, GARY T		4. 2 NAME	.20m	ES, JOHA J.		,		
STREET ADDRESS	1601 CHESTNUT STREET		13 STREET ADDRES	S 160	WESTPUT S	π	h1 3/	3/2000	
CITY-ST-ZIP	PHILADELPHIA PA		# 4 CITY-ST-ZIP	PHO	LADELPHZA	PA 19107	1	7/000	
TITLE	D	(X DELETE	51 TITLE	177	0		Change	e 🔀 Addition	
NAME	WOOD, DAVID H		52 NAME		ia robert t				
STREET ADDRESS	1601 CHESTNUT ST		53 STREET ADDRES	is 1601	CHESTAUT S	π. jh	1 3/3/3	とひひせ	
CITY-ST-ZIP	PHILADELPHIA PA		54 CITY-ST-ZIP	PHZ	4 ACHPLAJA P	A 19103	, ,		
TITLE	VI	A DELETE	61 TITLE	964			☐ Change	e Addition	
NAME	GARST, DAVID B.		62 NAME	Flor	ID BERTONA '	w. 11	3/3/20	040	
STREET ADDRESS	1601 CHESTNUT STREET		63 STREET ADDRES	5 lbci	CHESTAUT S	וא ה	ساوات	JU -	
CITY-ST-ZIP	PHILADELPHIA PA		5 4 CITY-ST-ZIP	CHJ	LADELPHZA	PA 17.103			
74. I hereby o	ertify that the information supplied with	this filing does not qualify for the	exemption state	ed in Sect	ion 119.07(3)(i), Florida S	Statutes, i further co	ertify that the	information	

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

the date the company was sold to Cago Solutions Limital.