## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 07, 2001 8:00 am Secretary of State DOCUMENT # F0000000891 SYSTEMS IMPLEMENTATION, INC. 04-07-2001 90010 031 \*\*\*150.00 Principal Place of Business Mailing Address C/O NANCY VOGELSANG C/O NANCY VOGELSANG 350 JORDAN ROAD 350 JORDAN ROAD TROY NO 12180-7607 TROY NO 12180-7607 W 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 14-1620430 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE ☐ Change ☐ Addition ☐ Delete TITLE VOGELSANG, NANCY NAME NAME 22 ALVA STREET STREET ADDRESS STREET ADDRESS EAST GREENBUSH NY 12061 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE RIONI, JOHN J NAME NAME **46 SEQUOIA DRIVE** STREET ADDRESS STREET ADDRESS FEEDING HILLS MA 01030 CITY-ST-ZIP CITY-ST-ZIP S-----TITLE Delete TITLE Change ☐ Addition REYNOLDS, KATHERINE W NAME NAME 350 JORDAN ROAD STREET ADDRESS STREET ADDRESS **TROY NY 12180** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Detete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 regeiver 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.

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR