	1 UNIFORM BUS		ORT (I	UBR)				()
DOCL 1. Entity Na	MENT.# - F0000	00003257						_	
	ATED SYSTEMS & SERVICE	ES HOLDING_COMPA	ANY			SECONDARY AS		~	
					D	SECRETARY OF IVISION OF CORPO	STATE IRATIONS		
Principal Place of Business 150 CLOVE ROAD LITTLE FALLS NJ 07424		Mailing Address 150 CLOVE ROAD LITTLE FALLS NJ 07424			0	DINOV-6 AM	9: 57	W11/2	8
2. Principal	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		22-3554074			Applied F	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5 Additional equired	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New Regist	tered Agent		
	ATION SERVICE COMPANY YS.STREET		S	Street Address (P.	O. Box Numbe	er is Not Acceptable)			
TALLAHASSEE FL 32301-2525				Dity			- Zir	o Code	
8. The above	whemed earlist supribits this state man	of the purpose of changing its			d agent, or both	h, in the State of Florida	FL Zir	, code	
SIGNATURE	Signature, typed or printed name of registered agent	at and title if applicable. (NOT)	ΓΕ: Registered Agε	ent signature required wh	hen reinstating)		DATE		-
9. This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back)		After September 12	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$75 Make Check Payable to Department of St		J	ction Campaign Financin st Fund Contribution.	'	\$5.00 May Added to Fee	Be s
11.	OFFICERS AND		12.			CHANGES TO OFFICERS			
NAME	WEINSTEIN, GLENN 642 COBB ROAD RIVER VALE NJ 07675		TITLE NAME STREET ADI CITY-ST-Z		70004699 @@@-Q4 -11/29/0101077007 ****\$50.00 ****\$50.00				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINSTEIN, ANDREW 11 NOBLE STREET PARSIPPANY NJ 07054	☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	ſ			□ Cha	ange 🗌 Ad	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEVELEV, SIMON 352 LAKEVIEW DRIVE WYCKOFF-NJ-07481	☐ Delete	TITLE NAME STREET ADD - CHY-ST-Z				☐ Cha	ange 🗌 Ad	dition
STREET ADDRESS	D SKOPIN, ALLISON 32 ACKERMAN DRIVE MAHWAH NJ 07430	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Cha	ange 🗌 Ad	dition
	D SKOPIN, JEFFREY 32 ACKERMAN DRIVE MAHWAH NJ 07430	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Cha	ange 🗌 Adi	dition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADD	DRESS		-	☐ Cha	nge 🗌 Add	lition

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 or trusted empowered to execute this upport 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 aduless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Data

J13812-95





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 2, 2001

INTEGRATED SYSTEMS & SERVICES HOLDING COMPANY 150 CLOVE ROAD LITTLE FALLS, NJ 07424

SUBJECT: INTEGRATED SYSTEMS & SERVICES HOLDING COMPANY Ref. Number: F00000003257

We have received your document for INTEGRATED SYSTEMS & SERVICES HOLDING COMPANY and check(s) totaling \$550.00. However, your check(s) and document are being returned for the following:

The person designated as registered agent in the document and the person signing as registered agent must be the same.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson Document Specialist

Letter Number: 201A00055200



October 29, 2001

Division of Corporations PO BOX 6327 Tallahassee, FL 32314

Subject: 2001 Uniform Business Report

Ref: F00000003257

Letter Number: 201A00055200

To Whom It May Concern:

We are returning the letter, check and Uniform Business Report as received since we believe it was correctly processed the first time. We have retained the same Registered Agent, with no changes, and as stated in the instructions for Block 8, no signature is necessary. It may have been confusing that Integrated Systems and Service's officer accidentally signed where the Registered Agent's signature should be, however, he had realized his error and crossed the signature out and signed in the correct field at the bottom of the form. It was crossed out when it was originally sent and it may have confused the processor. However, since there were clearly no changes made to the Registered Agent, whether there was a signature there or not should not matter since no signature was required. If you have any questions, please contact Glenn Weinstein, CFO, at 973-812-9700. Thank you.

Sincerely, School

Tracy Schmale

Administrative Assistant

Integrated Systems & Services

Tel: 973-812-9700 Fax: 973-812-1460 01 NOV -6 AM 9: 5