

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003904

1. Entity Name  
UNITED SYSTEMS INTEGRATORS CORPORATION

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90335 031 \*\*\*150.00

Principal Place of Business  
TWO STAMFORD PLAZA  
281 TRESSER BLVD 7TH FLOOR  
STAMFORD CT 06901

Mailing Address  
TWO STAMFORD PLAZA  
281 TRESSER BLVD 7TH FLOOR  
STAMFORD CT 06901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1328059

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C-T CORPORATION SYSTEM  
200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 *Thomas M. Dever*  
Signature, typed or printed name of registered agent and title if applicable

*THOMAS M. DEVER SR VP*  
(NOTE: Registered Agent signature required when reinstating)

*1/29/01*  
DATE

*oops!*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCLAUGHLIN, EDWIN J TWO STAMFORD PLAZA 7TH FL 281 TRESSER BLVD STAMFORD CT 06901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DEVER, THOMAS M TWO STAMFORD PLAZA 7TH FL 281 TRESSER BLVD STAMFORD CT 06901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCLAUGHLIN, BARBARA TWO STAMFORD PLAZA 7TH FL 281 TRESSER BLVD STAMFORD CT 06901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERTASI, RICHARD S TWO STAMFORD PLAZA 7TH FL 281 TRESSER BLVD STAMFORD CT 06901	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 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.

SIGNATURE: *Thomas M. Dever*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/29/01 203-327-7272*

CR2E034 (10/00)