## PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State --

DIVISION OF CORPORATIONS

DOCUMENT #

F00000003904

1. Corporation Name

## UNITED SYSTEMS INTEGRATORS CORPORATION

Principal Place of Business

Mailing Address

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

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

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SECNETARY OF STATE TALLAHASSEE, FLORIDA

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
		ng Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     07/12/2000			
Suite, Apt. #, etc. Suite, Apt. #,			egal Department		5. FEI Number Applied For Not Applied below Not		<del>`                                    </del>
City & State City & State		Not Applicable					
Zip	Country	_Zip	Country	1-,	6. CERTIFICAT		Additional Fee required . Certificate of Status
7. Names a	and Street Addresses of Each Officer a	d/or Director (Flo	rida nonprofit corpora	tions must list at le	ast 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
D <b>P</b> ∕i	MCLAUGHLIN; EDWIN J	TWO STAMFORD PLAZA 7TH FL 281 TR			STAMFORD CT 06901		
DVT	DEVER, THOMAS M	TWO STAMFORD PLAZA 7TH FL 281 TR			STAMFORD CT 96901-		
D <del>S-</del>	MCLAUGHLIN, BARBARA	TWO STAMFORD PLAZA 7TH FL 281 TR			STAMFORD CT 06901		
+ DP	BERTASI, RICHARD S	TWO STAMFORD PLAZA 7TH FL 281 TR			STAMFORD CT 06901		
5 T	Chaffee, Orison	Two Stamford Plaza, 7th Fl 281 Tresser Blad			Stamford, CT 06901		
۵	Westley, Nichola	2321 Rosecrans Ave Suite 2200			El Segundo, CA 90245		
Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name (60/L)			
				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
10. I. beind	appointed the registered agent of the	bove named corp	oration, am familiar wi	th and accept the	obligations of Sec	tion 607.0505. F.S. or 617.0505. F	:.s.

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PR

MED NAME OF SIGNING OFFICER OR DIRECTOR



TWO STAMFORD PLAZA 281 TRESSER BOULEVARD, 7<sup>th</sup> FLOOR STAMFORD, CT 06901-3242 TELEPHONE: 203-327-7272 FACSIMILE: 203-327-7264 WEB: usirealestate.com

May 18, 2004

Via UPS Next Day Air

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Reinstatement of United Systems Integrators Corporation.

Dear Sir/Madam:

Enclosed please find Corporate Reinstatement Form for United Systems Integrators Corporation.

I have also enclosed a check in the amount of \$300.00 payable to the Florida Department of State.

We respectfully request a waiver of the reinstatement fee. We did not receive the annual report form or any related correspondence for the year 2003.

If you have any questions, please call Dominick Modugno or me at (203) 327-7272.

Very truly yours,

Jeanne Dugan Coupe

Associate General Counsel

United Systems Integrators Corporation

cc: Dominick Modugno, Esq.