2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# F00000003904

Entity Name: UNITED SYSTEMS INTEGRATORS CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

TWO STAMFORD PLAZA
281 TRESSER BLVD, 7TH FLOOR LEGAL DEPT.
STAMFORD, CT 06901

New Mailing Address:

FEI Number: 06-1328059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MCLAUGHLIN, EDWIN J	
Address:	TWO STAMFORD PLAZA 7TH FL 281 TRESSER BLVD	
City-St-Zip:	STAMFORD, CT 06901	
Title:	ST	( ) Delete
Name:	CHAFFEE, ORISON Y	
Address:	TWO STAMFORD PLAZA 7TH FL, 281 TRESSER BLV	
City-St-Zip:	STAMFORD, CT 06901	
Title:	D	( ) Delete
Name:	MCLAUGHLIN, BARBARA	
Address:	TWO STAMFORD PLAZA 7TH FL 281 TRESSER BLVD	
City-St-Zip:	STAMFORD, CT 06901	
Title:	DP	( ) Delete
Name:	BERTASI, RICHARD S	
Address:	TWO STAMFORD PLAZA 7TH FL 281 TRESSER BLVD	
City-St-Zip:	STAMFORD, CT 06901	
Title:	D	( ) Delete
Name:	WESTLEY, NICHOLAS	
Address:	2321 ROSECRANS AVE SUITE 2200	
City-St-Zip:	EL SEGUNDO, CA 90245	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORISON Y. CHAFFEE S 07/05/2005

Electronic Signature of Signing Officer or Director Date