

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004013

1. Entity Name

OCKHAM TECHNOLOGIES, INC.

**FILED**  
Feb 26, 2001 8:00 am  
Secretary of State

02-26-2001 90526 039 \*\*\*150.00

Principal Place of Business

3715 NORTHSIDE PARKWAY, BLDG. 200, #440  
ATLANTA GA 30327

Mailing Address

3715 NORTHSIDE PARKWAY, BLDG. 200, #440  
ATLANTA GA 30327

120004

2. Principal Place of Business

3715 NORTHSIDE PARKWAY

3. Mailing Address

3715 NORTHSIDE PARKWAY

Suite, Apt. #, etc.

BLDG 400 SUITE 350

Suite, Apt. #, etc.

BLDG 400 SUITE 350

City & State

ATLANTA GA

City & State

ATLANTA GA

Zip

30327

Country

USA

Zip

30327

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2460751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE V ☐ Delete  
NAME DERR, ILARIA  
STREET ADDRESS 3715 NORTHSIDE PARKWAY, BLDG. 200, #440  
CITY-ST-ZIP ATLANTA GA 30327

TITLE V ☒ Delete  
NAME HANDEL, STEVE  
STREET ADDRESS 3715 NORTHSIDE PARKWAY, BLDG. 200, #440  
CITY-ST-ZIP ATLANTA GA 30327

TITLE V ☐ Delete  
NAME TAYLOR, GUS  
STREET ADDRESS 3715 NORTHSIDE PARKWAY, BLDG. 200, #440  
CITY-ST-ZIP ATLANTA GA 30327

TITLE PCEO ☐ Delete  
NAME TRIANDIFLOU, JAMES A  
STREET ADDRESS 3715 NORTHSIDE PARKWAY, BLDG. 200, #440  
CITY-ST-ZIP ATLANTA GA 30327

TITLE SD ☐ Delete  
NAME MEISENHEIMER, MICHAEL C  
STREET ADDRESS 3715 NORTHSIDE PARKWAY, BLDG. 200, #440  
CITY-ST-ZIP ATLANTA GA 30327

TITLE D ☐ Delete  
NAME HOUSE, DONALD  
STREET ADDRESS 3715 NORTHSIDE PARKWAY, BLDG. 200, #440  
CITY-ST-ZIP ATLANTA GA 30327

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3715 NORTHSIDE PARKWAY BLDG 400 SUITE 350  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME MICHAEL SCHULTZ  
STREET ADDRESS 3715 NORTHSIDE PKWY BLDG 400 SUITE 350  
CITY-ST-ZIP ATLANTA GA 30327

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3715 NORTHSIDE PKWY BLDG 400 SUITE 350  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3715 NORTHSIDE PKWY BLDG 400 SUITE 350  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3715 NORTHSIDE PKWY BLDG 400 SUITE 350  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3715 NORTHSIDE PKWY BLDG 400 SUITE 350  
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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2004  
Date

404-963-5000  
Daytime Phone #

CR2E034 (10/00)