

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90197 021 \*\*\*158.75

**DOCUMENT # F00000005414**

1. Entity Name  
**AT SYSTEM ONE, INC.**

Principal Place of Business  
**4902 EISENHOWER BLVD., STE 370  
 TAMPA FL 33634**

Mailing Address  
**4902 EISENHOWER BLVD., STE 370  
 TAMPA FL 33634**

2. Principal Place of Business  
**1000 Marina Blvd**  
 Suite, Apt. #, etc.  
**Suite 625**

3. Mailing Address  
**9119 Corporate Lakes Dr**  
 Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Brisbane CA**

City & State  
**Tampa FL**

Zip Country  
**94005 USA**

Zip Country  
**33634 USA**

4. FEI Number **58-2362731**

Applied For  
 Not Applicable

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  
 1200 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

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PC** ☐ Delete  
 NAME **WEST, JOHN B**  
 STREET ADDRESS **4902 EISENHOWER BLVD., STE 370**  
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **WHITTINGTON, MARK D**  
 STREET ADDRESS **4902 EISENHOWER BLVD., STE 370**  
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **BURKE, DAVID P**  
 STREET ADDRESS **4902 EISENHOWER BLVD., STE 370**  
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AS** ☐ Delete  
 NAME **BUCHENROTH, PEG L**  
 STREET ADDRESS **4902 EISENHOWER BLVD., STE 370**  
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AT** ☐ Delete  
 NAME **GUARD, THOMAS W.**  
 STREET ADDRESS **4902 EISENHOWER BLVD., STE 370**  
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**SEE ATTACHED**



**Certified Mail/Return Receipt**  
**7105 0471-7458 0000 0223**

**April 30, 2001**

**Uniform Business Report**  
**Division of Corporations**  
**P.O. Box 1500**  
**Tallahassee, FL 32302-1500**

**Re: At System One, Inc.**

**Gentlemen:**

**Enclosed please find the 2001 Uniform Business Report for At System One  
FEIN 58-2362731 and a check in the amount of \$158.75 as payment for the  
annual fee of \$150.00 and Certificate of Status fee of \$8.75.**

**If you have any questions please feel free to contact me at 212 351 7105.  
Thank you for your help in this matter.**

**Sincerely yours**

A handwritten signature in cursive script that reads "Laura Sanchez".

**Laura Sanchez**  
**Tax Specialist**

**Enc: 2**

**File: S:\laura\FL 2001 Annual Report**

Attachment  
056930

DOC# F00000003414

ANNUAL REPORT OFFICER/DIRECTOR LIST  
TAX PERIOD ENDING DECEMBER 31, 2000

Name	Title	Address
Andrew McKelvey	President	c/o TMP Worldwide Inc., 622 Third Avenue, New York, NY 10017
Dave Trapani	Treasurer	c/o TMP Worldwide Inc., 622 Third Avenue, New York, NY 10017
Tom Collison	Secretary	c/o TMP Worldwide Inc., 622 Third Avenue, New York, NY 10017
Adrew McKelvey	Director	c/o TMP Worldwide Inc., 622 Third Avenue, New York, NY 10017
James Treacy	Director	c/o TMP Worldwide Inc., 622 Third Avenue, New York, NY 10017
George Eisele	Director	600 International Drive, Mt. Olive, NJ 07828
John Swann	Director	134 Front Street East, Toronto, ON M5A 4N3
Ronald Kramer	Director	31 West 52nd Street, New York, NY 10019