

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

07-03-2003 90032 028 \*\*\*400.00

**DOCUMENT # F00000005439**

1. Entity Name  
**ELAND TECHNOLOGIES, INC.**



Principal Place of Business  
**WEST PIER BUSS. CAMPUS  
OLD DUNLEARY RD.  
DUNLAOGHAIRE, CO. IRELAND**

Mailing Address  
**WEST PIER BUSS. CAMPUS  
OLD DUNLEARY RD.  
DUNLAOGHAIRE, CO. IRELAND**

2. Principal Place of Business  
**2501 WEST DUNLAP AVENUE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PHOENIX, ARIZONA**

City & State

Zip Country  
**85201 USA**

Zip Country

4. FEI Number **86-0996204**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME HEALY, ROBERT  
STREET ADDRESS 15 MYRTLE GROVE  
CITY-ST-ZIP DUBLIN, IRELAND ☐ Delete

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

TITLE V  
NAME CONELISSEN, ERIK  
STREET ADDRESS 2501 WEST DUNLAP AVENUE, SUITE 150,  
CITY-ST-ZIP PHOENIX AZ 85021 ☐ Delete

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

TITLE T  
NAME CONVERY, ELIZABETH  
STREET ADDRESS 27 KINGSTON HEIGHTS  
CITY-ST-ZIP DUBLIN 16, IRELAND ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**ELIZABETH CONVERY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 JANUARY 2003

Date Daytime Phone #

+353 1  
663 7200 (IRL)

CR2E034 (10/02)