

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90479 010 \*\*\*150.00

06/31/09 AT

DOCUMENT # F01000000112

1. Entity Name

ERC DATAPLUS, INC.

Principal Place of Business

24 BELDEN AVE., STE 300  
NORWALK CT 06850

Mailing Address

24 BELDEN AVE., STE 300  
NORWALK CT 06850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

06-1378933

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TRAVILLIAN, KIM  
10355 TARABY CT.  
ORLANDO FL 32817

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, 2002 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	PT	<input type="checkbox"/> Delete
NAME	RATHBLOTT, PAUL	
STREET ADDRESS	24 BELDEN AVE., STE 300	
CITY-ST-ZIP	NORWALK CT 06850	

TITLE	VS	<input type="checkbox"/> Delete
NAME	BROWN, WISER	
STREET ADDRESS	24 BELDEN AVE., STE 300	
CITY-ST-ZIP	NORWALK CT 06850	

TITLE	V	<input type="checkbox"/> Delete
NAME	CLARKE, PETER	
STREET ADDRESS	24 BELDEN AVE., STE 300	
CITY-ST-ZIP	NORWALK CT 06850	

TITLE	V	<input type="checkbox"/> Delete
NAME	PELZNER, JOEL	
STREET ADDRESS	24 BELDEN AVE., STE 300	
CITY-ST-ZIP	NORWALK CT 06850	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, MORGAN	
STREET ADDRESS	24 BELDEN AVE., STE 300	
CITY-ST-ZIP	NORWALK CT 06850	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, JUNE	
STREET ADDRESS	24 BELDEN AVE., STE 300	
CITY-ST-ZIP	NORWALK CT 06850	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

WISER BROWN

Date

Daytime Phone #

29 April 2002

203-750-5800

CR2E034 (9/01)