

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90027 014 ***150.00

DOCUMENT # F01000000314

1. Entity Name
EMPLIFI, INC.

Principal Place of Business **Mailing Address**
~~680 ANDERSON DR., FOSTER PLAZA 10, 5TH FL~~ ~~680 ANDERSON DR., FOSTER PLAZA 10, 5TH FL~~
PITTSBURGH PA 15220 **PITTSBURGH PA 15220**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
680 ANDERSEN DR **680 ANDERSEN DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State** **4. FEI Number** **25-1873382** **Applied For**
Zip **Country** **USA** **Zip** **Country** **USA** **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 **Name**
1200 SOUTH PINE ISLAND ROAD **Street Address (P.O. Box Number is Not Acceptable)**
PLANTATION FL 33324 **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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHANGOLD, STEVEN J		NAME	680 ANDERSEN DR, FOSTER PLAZA 10, 5TH FL	
STREET ADDRESS	680 ANDERSON DR., FOSTER PLAZA 10, 5TH FL		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15220		CITY-ST-ZIP		
TITLE	VSTO	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANEY, BRUCE E		NAME	VST	
STREET ADDRESS	680 ANDERSON DR., FOSTER PLAZA 10, 5TH FL		STREET ADDRESS	ZUGAY, MICHAEL	
CITY-ST-ZIP	PITTSBURGH PA 15220		CITY-ST-ZIP	680 ANDERSEN DR, FOSTER PLAZA 10, 5TH FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WADHWANI, SUNIL		NAME	680 ANDERSEN DR, FOSTER PLAZA 10, 5TH FL	
STREET ADDRESS	680 ANDERSON DR., FOSTER PLAZA 10, 5TH FL		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15220		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIVEDI, ASHOK		NAME	680 ANDERSEN DR, FOSTER PLAZA 10, 5TH FL	
STREET ADDRESS	680 ANDERSON DR., FOSTER PLAZA 10, 5TH FL		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15220		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Michael Zugay VP, Sec. Treas. Director**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **4-12-2003-4450**

CR2E034 (9/01)