

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State
 06-11-2002 90401 013 ***550.00

DOCUMENT # F01000001364

1. Entity Name
GLOBAL STORAGE SYSTEMS, INC.

Principal Place of Business
3556 LAKESHORE RD. STE 600
BUFFALO NY 14219

Mailing Address
3556 LAKESHORE RD. STE 600
BUFFALO NY 14219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
98-0197713

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

BENTON, TERRY
1460 SHOREWOOD DR.
LAKELAND FL 33803

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PCD**
STREET ADDRESS **BURCHELL, CYRIL**
CITY-ST-ZIP **3338 MISSISSAUGA RD**
MISSISSAUGA ONTARIO

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **HERZOG, GREG**
CITY-ST-ZIP **6862 OLD LAKESHORE RD.**
DERBY-NY

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **TITMAN, PETER**
CITY-ST-ZIP **3970 ROLLING VALLEY DR.**
MISSISSAUGA ONTARIO

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **COURTAGE, MICHAEL F**
CITY-ST-ZIP **5609 GREEN MEADOW CT.**
HAMBURG NY

TITLE ☒ Change ☐ Addition
NAME **COURTAGE, MICHAEL F.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DUNKIN, DAVID**
CITY-ST-ZIP **6 GARLAND AVE.**
TORONTO ONTARIO

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **TORONTO ONTARIO**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BENTON, ANDREW**
CITY-ST-ZIP **216 HEATH ST WEST**
TORONTO ONTARIO

TITLE ☒ Change ☐ Addition
NAME **BRENTON, ANDREW**
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: MICHAEL F. COURTAGE 6/3/02 (716) 821-1693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)