

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90027 020 \*\*\*150.00

**DOCUMENT # F01000001712**

1. Entity Name

**TEMPE INTEGRATED INFORMATION SYSTEMS, INC.**

Principal Place of Business

**1560 WEST FOUNTAINHEAD PARKWAY  
 TEMPE AZ 85282**

Mailing Address

**1560 WEST FOUNTAINHEAD PARKWAY  
 TEMPE AZ 85282**

2. Principal Place of Business

**1480 S. Hohokam Dr.**

3. Mailing Address

**1480 S. Hohokam Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tempe, AZ**

City & State

**Tempe, AZ**

Zip

**85281**

Country

**U.S.A.**

Zip

**85281**

Country

**U.S.A.**

4. FEI Number

**86-0624332**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

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.

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	PCD	<input type="checkbox"/> Delete
NAME	GARVEY, JAMES G JR.	
STREET ADDRESS	1560 WEST FOUNTAINHEAD PARKWAY	
CITY-ST-ZIP	TEMPE AZ 85282	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FRANKEL, JEFFREY	
STREET ADDRESS	1560 WEST FOUNTAINHEAD PARKWAY	
CITY-ST-ZIP	TEMPE AZ 85282	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WIRTHLIN, DAVID	
STREET ADDRESS	1560 WEST FOUNTAINHEAD PARKWAY	
CITY-ST-ZIP	TEMPE AZ 85282	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIR, JOHN M	
STREET ADDRESS	36229 NORTH STARDUST LANE	
CITY-ST-ZIP	CAREFREE AZ 85377	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOOPE, R. NICHOLAS	
STREET ADDRESS	426 NORTH 44TH STREET, #300	
CITY-ST-ZIP	PHOENIX AZ 85008	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRACHTENBERG, LAWRENCE	
STREET ADDRESS	7420 SOUTH KYRENE ROAD, #101	
CITY-ST-ZIP	TEMPE AZ 85282	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1480 S. Hohokam Dr.	
CITY-ST-ZIP	Tempe, AZ 85281	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen W. Brown Ph.D.	
STREET ADDRESS	330 E. Lemon, C Bldg., Rm. 440	
CITY-ST-ZIP	Tempe, AZ 85281	
TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William A. Mahan	
STREET ADDRESS	1480 S. Hohokam Dr.	
CITY-ST-ZIP	Tempe, AZ 85281	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard M. Gardner	
STREET ADDRESS	12011 E. Bella Vista Drive	
CITY-ST-ZIP	Scottsdale Ariz 85259	
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**

Date

Daytime Phone #

CR2E034 (9/01)