

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F02000001582

1. Entity Name  
TELELECT SOUTHEAST DISTRIBUTION, INC.



FILED

03 OCT 23 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
200 EDEN WAY  
WHITE HOUSE TN 37188

Mailing Address  
ATTN: TAX MANAGER  
500 POST ROAD EAST, SUITE 320  
WESTPORT CT 06880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 02-0560744

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

REINSTATEMENT 03 TS

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 Jacqueline N. Casper Jacqueline N. Casper Assistant Vice President 10/17/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 PD ☐ Delete  
NAME DEFEQ, RONALD M  
STREET ADDRESS 500 POST ROAD EAST, SUITE 320  
CITY-ST-ZIP WHITE HOUSE TN 37188

TITLE D ☒ Change ☐ Addition  
NAME 200024336602  
STREET ADDRESS 10/31/03--01078--007 \*\*750.00  
CITY-ST-ZIP WESTPORT, CT 06880

TITLE CFO ☒ Delete  
NAME APUZZO, JOSEPH  
STREET ADDRESS 500 POST ROAD EAST, SUITE 320  
CITY-ST-ZIP WHITE HOUSE TN 37188

TITLE V.P. - FINANCE ☐ Change ☒ Addition  
NAME PHILLIP C. WIDMAN  
STREET ADDRESS 500 POST ROAD EAST, SUITE 320  
CITY-ST-ZIP WESTPORT, CT 06880

TITLE VSD ☐ Delete  
NAME COHEN, ERIC I  
STREET ADDRESS 500 POST ROAD EAST, SUITE 320  
CITY-ST-ZIP WHITE HOUSE TN 37188

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP WESTPORT, CT 06880

TITLE V ☒ Delete  
NAME HENRY, BRIAN J  
STREET ADDRESS 500 POST ROAD EAST, SUITE 320  
CITY-ST-ZIP WHITE HOUSE TN 37188

TITLE P ☐ Change ☒ Addition  
NAME CHRIS RAGOT  
STREET ADDRESS 500 POST ROAD EAST, SUITE 240  
CITY-ST-ZIP WESTPORT, CT 06880

TITLE T ☒ Delete  
NAME GELSTON, THOMAS J  
STREET ADDRESS 500 POST ROAD EAST, SUITE 320  
CITY-ST-ZIP WHITE HOUSE TN 37188

TITLE AS ☐ Change ☒ Addition  
NAME LISA G. POLAN  
STREET ADDRESS 500 POST ROAD EAST, SUITE 320  
CITY-ST-ZIP WESTPORT, CT 06880

TITLE AS ☐ Delete  
NAME GERSHOWITZ, JEFFREY A  
STREET ADDRESS 500 POST ROAD EAST, SUITE 320  
CITY-ST-ZIP WHITE HOUSE TN 37188

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP WESTPORT, CT 06880

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: ERIC I COHEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/2003 (203) 222-7170  
Date Daytime Phone #

CR2E034 (4/03)