

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90146 046 ***150.00

0669481 AB

DOCUMENT # F02000002508

1. Entity Name
NETEAM CORPORATION



Principal Place of Business
**3700 EMBASSY PARKWAY STE. 290
AKRON OH 44333**

Mailing Address
**3700 EMBASSY PARKWAY STE. 290
AKRON OH 44333**



2. Principal Place of Business

3. Mailing Address

3500 Embassy Pkwy, Ste 150

3500 Embassy Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 150

City & State

Akron, OH

City & State

Akron, OH

Zip

44333

Country

US

Zip

44333

Country

US

4. FEI Number **34-1706109**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **CPTD** ☒ Delete
NAME **O'BRIEN, PATRICK C**
STREET ADDRESS **3700 EMBASSY OKWY., STE. 290**
CITY-ST-ZIP **AKRON OH 44333**

TITLE **President** ☐ Change ☒ Addition
NAME **Brian A. Gilbert**
STREET ADDRESS **1737 Roxbury Ave**
CITY-ST-ZIP **Geneva, OH 44021**

TITLE **CTOV** ☐ Delete
NAME **PORTARO, JAMES D**
STREET ADDRESS **RT. 3 BOX 243**
CITY-ST-ZIP **BRUCETON MILLS WV 26525**

TITLE **Alex L. Csizsar** ☐ Change ☒ Addition
NAME **VP + CFO**
STREET ADDRESS **791 Wye Road**
CITY-ST-ZIP **Akron, OH 44333**

TITLE **SD** ☐ Delete
NAME **CHAMBERS, GREG**
STREET ADDRESS **791 WYE RD.**
CITY-ST-ZIP **AKRON OH 44333**

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

TITLE **EVPO** ☒ Delete
NAME **MEYERSON, SANFORD M**
STREET ADDRESS **12555 ORANGE DE., STE. 254**
CITY-ST-ZIP **DAVIE FL 33330**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: _____

SIGNATURE REQUIRED. CSISZAR

5/5/03

330-664-5101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)