

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90102 014 \*\*\*150.00

0625873 AT

**DOCUMENT # F02000005077**

1. Entity Name  
**IWIRE, INC.**



Principal Place of Business  
**5600 ROSWELL ROAD NE  
PRADO SUITE 200 NORTH  
ATLANTA GA 30342**

Mailing Address  
**P.O. BOX 420796  
ATLANTA GA 30342**

2. Principal Place of Business  
**15600 NW 67th Avenue  
Suite, Apt., etc.  
Suite 110**

3. Mailing Address  
**P.O. Box 420796**

City & State  
**Miami Lakes, FL**

City & State  
**Atlanta, GA**

Zip  
**33014**

Country  
**USA**

Zip  
**30342**

Country  
**USA**

4. FEI Number  
**11-3593977**

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

**KOERNER, STEVEN W  
8600 DALKEITH LANE  
HIALEAH FL 33016**

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

**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

TITLE **P** ☒ Delete  
NAME **GREENFIELD, L. ALLAN**  
STREET ADDRESS **5600 ROSWELL ROAD NE, PRADO STE 200 NORTH**  
CITY-ST-ZIP **ATLANTA GA 30342**

TITLE **T** ☐ Delete  
NAME **RISOEN, THOR E**  
STREET ADDRESS **5600 ROSWELL ROAD NE, PRADO STE 200 NORTH**  
CITY-ST-ZIP **ATLANTA GA 30342**

TITLE **SC** ☐ Delete  
NAME **LEVINE, DAN B**  
STREET ADDRESS **16 EVANS DRIVE**  
CITY-ST-ZIP **BROOKVILLE NY 11545**

TITLE **D** ☐ Delete  
NAME **FINKELSTEIN, NORMAN**  
STREET ADDRESS **16 EVANS DRIVE**  
CITY-ST-ZIP **BROOKVILLE NY 11545**

TITLE **D** ☐ Delete  
NAME **LEVENTHAL, ROBERT S**  
STREET ADDRESS **2040 43RD AVENUE EAST**  
CITY-ST-ZIP **SEATTLE WA 98112**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Chief Financial Officer** ☒ Change ☐ Addition  
NAME **Thor E. Risoen**  
STREET ADDRESS **P.O. Box 420796**  
CITY-ST-ZIP **Atlanta, GA 30342**

TITLE **President/Chairman** ☒ Change ☐ Addition  
NAME **Dan B. Levine**  
STREET ADDRESS **16 Evans Drive**  
CITY-ST-ZIP **Brookville, NY 11545**

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

TITLE ☐ Change ☐ Addition  
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 to this address, with all other like empowered.

**SIGNATURE:** **THOR E. RISOEN (CFO) 4-2-03 (404) 564-1006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)