

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000004264

1. Entity Name
FORTTRAN TRAFFIC SYSTEMS, INC.



FILED
Jul 23, 2008 08:00 AM
Secretary of State

Principal Place of Business
470 MIDWEST ROAD
TORONTO, ONTARIO
CANADA M1P 4Y5, XX

Mailing Address
470 MIDWEST ROAD
TORONTO, ONTARIO
CANADA M1P 4Y5, XX

DO NOT WRITE IN THIS SPACE



07152008 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0355873

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

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
LENGYEL, ANDREW
470 MIDWEST ROAD
TORONTO, ONT., CANADA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
LENGYEL, PETER
470 MIDWEST ROAD
TORONTO, ONT., CANADA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LENGYEL, GARY
470 MIDWEST ROAD
TORONTO, ONT., CANADA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/23/08-80002-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #