

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90032 013 \*\*\*150.00

**DOCUMENT # F07000003051**

1. Entity Name  
**CONVERTEAM INC.**



Principal Place of Business  
**610 EPSILON DR  
PITTSBURGH, PA 15238**

Mailing Address  
**610 EPSILON DR  
PITTSBURGH, PA 15238**

**40114938**



08142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
**610 Epsilon Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**610 Epsilon Drive**  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**03-0570767**

Applied For  
Not Applicable

Zip Country

Zip Country

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. 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**

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

TITLE **C** ☐ Delete  
NAME **BASTID, PIERRE**  
STREET ADDRESS **610 EPSILON DR**  
CITY-ST-ZIP **PITTSBURGH, PA 15238**

TITLE **D** ☒ Change ☐ Addition  
NAME **610 Epsilon Drive**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VC** ☐ Delete  
NAME **PERENNEC, THIERRY**  
STREET ADDRESS **610 EPSILON DR**  
CITY-ST-ZIP **PITTSBURGH, PA 15238**

TITLE **D** ☒ Change ☐ Addition  
NAME **610 Epsilon Drive**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ASTROM, TORSTEN**  
STREET ADDRESS **610 EPSILON DR**  
CITY-ST-ZIP **PITTSBURGH, PA 15238**

TITLE **P/D** ☒ Change ☐ Addition  
NAME **610 Epsilon Drive**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Delete  
NAME **KARBAUGH, SHOUN T**  
STREET ADDRESS **610 EPSILON DR**  
CITY-ST-ZIP **PITTSBURGH, PA 15238**

TITLE **D** ☐ Change ☒ Addition  
NAME **Frederic Maenhaut**  
STREET ADDRESS **610 Epsilon Drive**  
CITY-ST-ZIP **Pittsburgh, PA 15238**

TITLE **S** ☐ Delete  
NAME **GATES, ELAINE R**  
STREET ADDRESS **610 EPSILON DR**  
CITY-ST-ZIP **PITTSBURGH, PA 15238**

TITLE **610 Epsilon Drive** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **GRAU, DONALD**  
STREET ADDRESS **610 EPSILON DR**  
CITY-ST-ZIP **PITTSBURGH, PA 15238**

TITLE **610 Epsilon Drive** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**8/24/08**  
Date

**412-967-7191**  
Daytime Phone #