

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002327

1. Entity Name

TSI INTERNATIONAL SOFTWARE, LTD., INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90062 027 \*\*\*158.75

Principal Place of Business

Mailing Address

45 DANBURY RD.  
WILTON CT 06897-0840

45 DANBURY RD.  
WILTON CT 06897-4445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1132156

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH LTD., INC.  
1406 HAYS STREET, #2  
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VST ☐ Delete

NAME GALLEY, CONSTANCE F

STREET ADDRESS 45 DANBURY RD.

CITY-ST-ZIP WILTON CT

TITLE S ☐ Delete

NAME GERARD, IRA A

STREET ADDRESS 45 DANBURY ROAD

CITY-ST-ZIP WILTON CT

TITLE D ☐ Delete

NAME SISCO, DENNIS

STREET ADDRESS BEHRMAN CAPITAL, 126 E 56TH STREET

CITY-ST-ZIP NEW YORK NY 10022

TITLE D ☐ Delete

NAME GROSS, STEWART

STREET ADDRESS 466 LEXINGTON AVE

CITY-ST-ZIP NEW YORK NY

TITLE D ☐ Delete

NAME PENDRAY, JOHN J

STREET ADDRESS 11072 THRUSH RIDGE ROAD

CITY-ST-ZIP RESTON VA 20191

TITLE D ☐ Delete

NAME KEET, ERNEST E

STREET ADDRESS 619 MARINA BLVD

CITY-ST-ZIP SAN FRANCISCO CA 94123

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

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or Block 12 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 #

1/7/00

203-563-1280

CR2E034 (9/99)