

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90123 032 ***150.00

0446025

DOCUMENT # F95000006272

1. Entity Name
ALIGNIS, INC.

Principal Place of Business

**100 GALLERIA PARKWAY
 SUITE 1125
 ATLANTA GA 30339
 US**

Mailing Address

**100 GALLERIA PARKWAY
 SUITE 1125
 ATLANTA GA 30339
 US**

2. Principal Place of Business

100 MATSON FORD RD

3. Mailing Address

100 MATSON FORD RD

Suite, Apt. #, etc.

BUILDING 5, STE 445

Suite, Apt. #, etc.

BUILDING 5, STE 445

City & State

RADNOR, PA

City & State

RADNOR, PA

Zip

19087

Country

US

Zip

19087

Country

US

4. FEI Number **58-2131109**

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**

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.

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, 2001 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

TITLE **DP** ☐ Delete
 NAME **WILLIAMS, JACK**
 STREET ADDRESS **100 GALLERIA PARKWAY, SUITE 1125**
 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **D** ☐ Delete
 NAME **O'CONNER, H. TOMPKINS**
 STREET ADDRESS **1016 W. 9TH AVE.**
 CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

TITLE **D** ☐ Delete
 NAME **CHANNING, WALTER**
 STREET ADDRESS **C/O CW GROUP, 1041 3RD AVE**
 CITY-ST-ZIP **NEW YORK NY 10021**

TITLE **D** ☐ Delete
 NAME **HAVENS, SAM**
 STREET ADDRESS **151 NOE**
 CITY-ST-ZIP **CHATHAM TOWNSHIP NJ 07928**

TITLE **TCFO** ☒ Delete
 NAME **FROISTAD, ERIC**
 STREET ADDRESS **100 GALLERIA PARKWAY, SUITE 1125**
 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **D** ☐ Delete
 NAME **BURKE, TERRENCE**
 STREET ADDRESS **26611 NORTH POINT ROAD**
 CITY-ST-ZIP **EASTON MD 21601**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **100 MATSON FORD RD, BLDG 5, STE 445**
 STREET ADDRESS **RADNOR PA 19087**
 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 **TCFO** ☐ Change ☒ Addition
 NAME **ALFRED P. SALVITTI**
 STREET ADDRESS **100 MATSON FORD RD, BLDG 5, STE 445**
 CITY-ST-ZIP **RADNOR PA 19087**

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

ALFRED SALVITTI CFO

4-25-01

Date

610-688-3700

Daytime Phone #

CR2E034 (10/00)