

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90157 038 ***308.75

DOCUMENT # F96000002509

1. Corporation Name

ATC INSYS TECHNOLOGY INC.

Principal Place of Business

200 COTTONTAIL LN
SOMERSET NJ 08873
US

Mailing Address

200 COTTONTAIL LN
SOMERSET NJ 08873
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 600 West Cummings Park

Suite, Apt. #, etc.

27 Suite 6000

City & State

28 Woburn MA

Zip

Country

29

01801

30

USA

4. FEI Number

13-3889249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

XL CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN RD.
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81

Name Mark Lynch

82

Street Address (P.O. Box Number is Not Acceptable)

83

9955 NW 116 Way, Ste 1

84

City Miami

FL

85

Zip Code

33178

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Mark Lynch

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/99

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	MALINO, NICHOLAS	
STREET ADDRESS	104 E 25TH ST 10TH FL	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOODWIN, JOHN J	
STREET ADDRESS	200 COTTONTAIL LANE	
CITY-ST-ZIP	SOMERSET NJ 08873	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JOHN J	
STREET ADDRESS	1515 E TENTH ST	
CITY-ST-ZIP	SIOUX FALLS SD 57103	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MERPPOLA, NORA E.	
STREET ADDRESS	C/O WEISS, PECK & GREER ONE NEW YORK PLAZA	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ron H. Danenberg	
1.3 STREET ADDRESS	One New York Plaza	
1.4 CITY-ST-ZIP	New York NY 10004-1950	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ellen B. Miller	
3.3 STREET ADDRESS	600 W. Cummings Park Ste 6000	
3.4 CITY-ST-ZIP	Woburn MA 01801	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kerppola, Nora E.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Paul J. Grillo	
5.3 STREET ADDRESS	104 E. 25th Street, 10th Fl.	
5.4 CITY-ST-ZIP	New York, NY 10010	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E034 (1/98)