

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000093

1. Entity Name

XEROX CONNECT, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90006 029 \*\*\*550.00

Principal Place of Business

Mailing Address

411 EAGLEVIEW BLVD  
EXTON PA 19341

411 EAGLEVIEW BLVD  
EXTON PA 19341-1117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-2844307**

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 ☒ Delete  
NAME PD  
STREET ADDRESS WALLACE, TIMOTHY  
CITY-ST-ZIP 411 EAGLEVIEW BLVD  
EXTON PA 19341

TITLE ☐ Change ☐ Addition  
NAME Steve Tait  
STREET ADDRESS 100 Clinton Ave.  
CITY-ST-ZIP Rochester NY 14644

TITLE ☒ Delete  
NAME D  
STREET ADDRESS COUTURE, ROBERT J  
CITY-ST-ZIP 411 EAGLEVIEW BLVD  
EXTON PA 19341

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME SELZNICK, LINDA  
STREET ADDRESS 411 EAGLEVIEW BLVD  
CITY-ST-ZIP EXTON PA 19341

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS BLAIN, JEFFREY  
CITY-ST-ZIP 411 EAGLEVIEW BLVD.  
EXTON PA 19341

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS WAGNER, MARTIN  
CITY-ST-ZIP 411 EAGLEVIEW BLVD.  
EXTON PA 19341

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS Charles Gilliam  
CITY-ST-ZIP 800 Long Ridge Road  
Stamford CT 06904

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

5/12/00 (203) 968-3457  
Date Daytime Phone #

CR2:E034 (9/99)