

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90134 033 ***150.00

DOCUMENT # F97000004436

1. Entity Name
PSION TEKLOGIX CORPORATION

Principal Place of Business Mailing Address
1810 AIRPORT EXCHANGE BLVD., SUITE 500 1810 AIRPORT EXCHANGE BLVD., SUITE 500
ERLANGER KY 41018 ERLANGER KY 41018

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 **51-0263558** 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCELROY, IAN**
 CITY-ST-ZIP **37 RITTER CRESCENT UNIONVILLE**
ONTARIO CANADA L3R 4K4

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **CROSBY, CONSTANCE L**
 CITY-ST-ZIP **72 WIMBLETON ROAD, ETOBICOKE**
ONTARIO, CANADA M9A 3S1

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **ROSE, MICHAEL**
 CITY-ST-ZIP **3MATSON DRIVE RR#2 BOLTON**
ONTARIO, CANADA L7-E5R8

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

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **BYRNE, THOMAS F**
 CITY-ST-ZIP **978 ROYAL YORK RD ETOBICOKE**
ONTARIO CANADA M8X 2E9

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

TITLE ☐ Delete
 NAME **GM**
 STREET ADDRESS **ADAMS, DONALD C**
 CITY-ST-ZIP **866 RIVERWATCH DR**
CRESCENT SPRINGS KY 41017

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

TITLE ☒ Delete
 NAME **VCFO**
 STREET ADDRESS **WILDE, GORDON**
 CITY-ST-ZIP **1629 CHESBRO COURT MISSISSAUGA**
ONTARTO CANADA L5H 4H4

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

(Constnace L.Crosby - SD)

April 20, 2001 (416) 364-1616

Date

Daytime Phone #

CR2E034 (10/00)