

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90151 029 ***150.00

DOCUMENT # F97000004436

1. Entity Name
PSION TEKLOGIX CORPORATION



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

Mailing Address
**1810 AIRPORT EXCHANGE BLVD., SUITE 500
ERLANGER KY 41018**

10099172



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

☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE **PD** ☒ Change ☒ Addition
NAME **Joseph Musgrave**
STREET ADDRESS **11302 Loftus Ln.**
CITY-ST-ZIP **Union, KY 41017**

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

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

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

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

TITLE **TD** ☒ Delete
NAME **KENNEDY, STEVE**
STREET ADDRESS **106 WINDSOR CT**
CITY-ST-ZIP **ALLEN KY 41601**

TITLE **Chief Accountant** ☒ Change ☐ Addition
NAME **Laura Stupak**
STREET ADDRESS **1940 Silver Leaf Dr.**
CITY-ST-ZIP **Hebron, KY 41048**

12. 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 10 or Block 11 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

5/1/03
Date

859-371-6006
Daytime Phone #

0666653 AB

CP2EQ34 (1/0/02)