

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000006507 (4)**

1. Corporation Name

XESYSTEMS, INC.

Principal Place of Business

**300 MAIN STREET. TECHNIPLEX MALL
SUITE 4-205
EAST ROCHESTER NY 14445**

Mailing Address

**300 MAIN STREET. TECHNIPLEX MALL
SUITE 4-205
EAST ROCHESTER NY 14445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1997

4. FEI Number

06-1497475

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE

NAME **O'BRIEN, COLIN J**
STREET ADDRESS **800 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD CT 06904**

TITLE **CEO** ☒ DELETE

NAME **VACCHIANO, THOMAS**
STREET ADDRESS **300 MAIN STREET SUITE 4-205**
CITY-ST-ZIP **EAST ROCHESTER NY 14445**

TITLE **PT** ☒ DELETE

NAME **LANDMAN, SIDNEY B**
STREET ADDRESS **300 MAIN STREET SUITE 4-205**
CITY-ST-ZIP **EAST ROCHESTER NY 14445**

TITLE **S** ☒ DELETE

NAME **WAGNER, MARTIN S**
STREET ADDRESS **800 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD CT 06904**

TITLE **ASD** ☒ DELETE

NAME **GILLIAM, CHARLES P**
STREET ADDRESS **800 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD CT 06904**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SEE ATTACHED SCHEDULE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Martin S. Wagner

FILED
Sep 03 1998 8:00am
Secretary of State



CR2E034 (5/98)

8/28/98 203 968-3256

XESystems, Inc.**Statement Attached to And Made Part of The 1998 Profit Corporation Annual Report****Line 13 - Additions / Changes To Officers And Directors in Line 12**

<u>Name of Officers / Directors</u>	<u>Title</u>	<u>Address</u>
Colin J. O'Brien	Chairman / Director	800 Long Ridge Road, Stamford, CT 06904
Thomas J. Vacchiano	President & CEO / Director	300 Main Street, East Rochester, NY 14445
Sidney Landman	Vice President & COO & Treasurer / Director	300 Main Street, East Rochester, NY 14445
Charles P. Gilliam	Vice President & Assistant Secretary	800 Long Ridge Road, Stamford, CT 06904
Martin S. Wagner	Secretary	800 Long Ridge Road, Stamford, CT 06904
Timothy M Da Silva	Director	800 Long Ridge Road, Stamford, CT 06904
Jeremy Davis	Director	Four Combridge Center, Cambridge, MA 02142
Maurice F. Holmes	Director	800 Phillips Rd, Webster, NY 14580
James J. Costello	Director	800 Long Ridge Road, Stamford, CT 06904