

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000006507

1. Corporation Name
XESYSTEMS, INC.

Principal Place of Business
300 MAIN STREET, TECHNIPLX MALL
SUITE 4-205
EAST ROCHESTER NY 14445

Mailing Address
300 MAIN STREET, TECHNIPLX MALL
SUITE 4-205
EAST ROCHESTER NY 14445

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90083 036 ***150.00



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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 20 Omega Drive, 3rd Floor

26 c/o Xerox Corporation (corp tax)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Stamford CT

28 Stamford CT

Zip Country

Zip Country

24 06907

25

29 06904

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Director
1.2 NAME James G Costello
1.3 STREET ADDRESS 800 Long Ridge Rd
1.4 CITY-ST-ZIP STAMFORD CT 06904

TITLE PCEO
NAME VACCHIANO, THOMAS J
STREET ADDRESS 300 MAIN STREET
CITY-ST-ZIP EAST ROCHESTER NY 14445

2.1 TITLE Director
2.2 NAME Jeremy Davis
2.3 STREET ADDRESS 4 Cambridge Center, 4th floor
2.4 CITY-ST-ZIP CAMBRIDGE MA 02142

TITLE VPCO
NAME LANDMAN, SIDNEY
STREET ADDRESS 300 MAIN STREET
CITY-ST-ZIP EAST ROCHESTER NY 14445

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME DA SILVA, TIMOTHY M
STREET ADDRESS 800 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06904

6.1 TITLE
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

2/3/99

Daytime Phone #

968-3256

CR2E034 (11/98)