

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90030 044 ***150.00

DOCUMENT # F97000006507

1. Entity Name

XESYSTEMS, INC.



Principal Place of Business

**800 LONG RIDGE RD.
STAMFORD CT 06904**

Mailing Address

**C/O XEROX CORPORATION
800 LONG RIDGE RD.
STAMFORD CT 06904**

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 **06-1497475**

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

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

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, 2004 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

TITLE	CPC	<input type="checkbox"/> Delete
NAME	COSTELLO, JAMES J	
STREET ADDRESS	800 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	TC	<input type="checkbox"/> Delete
NAME	FAHEY, JOHN J	
STREET ADDRESS	800 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	EVPC	<input checked="" type="checkbox"/> Delete
NAME	JACKMANN, EMIL	
STREET ADDRESS	800 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, MARTIN S	
STREET ADDRESS	800 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER & CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY DEVLIN	
STREET ADDRESS	800 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD, CT 06904	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL K. LEE	
STREET ADDRESS	800 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD, CT 06904	
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK SHEIVACHMAN	
STREET ADDRESS	800 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD, CT 06904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

MARK SHEIVACHMAN, ASSISTANT SECRETARY

Date

Daytime Phone #

3/15/2004

(203) 968-4657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR