

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90096 001 \*\*\*158.75

0661961 AR

**DOCUMENT # F97000006507**

1. Entity Name  
**XESYSTEMS, INC.**



Principal Place of Business  
**2 RIVERBEND DR.  
3RD FLOOR  
STAMFORD CT 06907**

Mailing Address  
**P.O BOX 269  
EAST ROCHESTER NY 14445**



2. Principal Place of Business  
**800 Long Ridge Rd**  
Suite, Apt. #, etc.

3. Mailing Address **c/o Xerox Corporation**  
**800 Long Ridge Road**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Stamford, CT**

City & State  
**Stamford, CT**

4. FEI Number **06-1497475**

Applied For  
☐ Not Applicable

Zip Country  
**06904 USA**

Zip Country  
**06904 USA**

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 \_\_\_\_\_ (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 **PT** ☒ Delete  
NAME **DUERDEN, JOHN**  
STREET ADDRESS **2 RIVERBEND DR., 3RD FLOOR**  
CITY-ST-ZIP **STAMFORD CT 06907**

TITLE **CH, PRES, CEO** ☒ Change ☐ Addition  
NAME **Costello, James J.**  
STREET ADDRESS **800 Long Ridge Rd**  
CITY-ST-ZIP **Stamford, CT 06904**

TITLE **CFOV** ☒ Delete  
NAME **ROWLETT, MIKE**  
STREET ADDRESS **2 RIVERBEND DR., 3RD FLOOR**  
CITY-ST-ZIP **STAMFORD CT 06907**

TITLE **TRES, CFO** ☒ Change ☐ Addition  
NAME **Fahey, John J.**  
STREET ADDRESS **800 Long Ridge Rd**  
CITY-ST-ZIP **Stamford, CT 06904**

TITLE **CHD** ☒ Delete  
NAME **ROMERIL, BARRY**  
STREET ADDRESS **100 FIRST STAMFORD PLACE**  
CITY-ST-ZIP **STAMFORD CT 06904**

TITLE **EVP, COO** ☒ Change ☐ Addition  
NAME **Jackmann, Emil**  
STREET ADDRESS **800 Long Ridge Rd**  
CITY-ST-ZIP **Stamford, CT 06904**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *John J. Fahey* **JOHN J. FAHEY CFO 3/24/03 (203) 968-3723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment  
90087250



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 1, 2003

XESYSTEMS, INC.  
800 LONG RIDGE RD  
STAMFORD, CT 06904

SUBJECT: XESYSTEMS, INC.  
Ref. Number: F97000006507

We have received your document for XESYSTEMS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 903A00019504