

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000000024**

1. Entity Name

INFOTECH CONTRACT SERVICES, INC.

Principal Place of Business

**400-A TOTTEN POND RD
WALTHAM MA 02154**

Mailing Address

**400-A TOTTEN POND RD
WALTHAM MA 02154**

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 **04-3193634**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAFAVE, GARY	
STREET ADDRESS	400-A TOTTEN POND RD	
CITY-ST-ZIP	WALTHAM MA 02154	

TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	DRUDGE, EDWARD P JR	
STREET ADDRESS	6302 FAIRVIEW RD., SUITE 201	
CITY-ST-ZIP	CHARLOTTE NC 28210	

TITLE	DVS	<input type="checkbox"/> Delete
NAME	BRAMLETT, KEN R JR	
STREET ADDRESS	6302 FAIRVIEW RD., SUITE 201	
CITY-ST-ZIP	CHARLOTTE NC 28210	

TITLE	DVTA	<input type="checkbox"/> Delete
NAME	HUNT, JAMES C	
STREET ADDRESS	6302 FAIRVIEW RD., SUITE 201	
CITY-ST-ZIP	CHARLOTTE NC 28210	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael H. Barker	
STREET ADDRESS	5605 Carnegie Blvd., Suite 500	
CITY-ST-ZIP	Charlotte, NC 28209	

TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken R. Bramlett, Jr	
STREET ADDRESS	5605 Carnegie Blvd., Suite 500	
CITY-ST-ZIP	Charlotte, NC 28209	

TITLE	DVS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James C. Hunt	
STREET ADDRESS	5605 Carnegie Blvd., Suite 500	
CITY-ST-ZIP	Charlotte, NC 28209	

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		

13. 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 11 or Block 12 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

Date

Daytime Phone #

704-442-5100**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90090 034 ***150.00



DO NOT WRITE IN THIS SPACE

05/1960

CR2E034 (10/00)