

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000558

1. Entity Name  
NXLD COMPANY

**FILED**  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90051 020 \*\*\*150.00

Principal Place of Business

1013 CENTRE ROAD  
WILMINGTON DE 19805

Mailing Address

1013 CENTRE ROAD  
WILMINGTON DE 19805

2. Principal Place of Business

2711 CENTERVILLE RD

3. Mailing Address

2711 CENTERVILLE RD.

Suite, Apt. #, etc.

STE 400

Suite, Apt. #, etc.

STE 400

City & State

WILMINGTON, DE

City & State

WILMINGTON, DE

Zip

19808

Country

USA

Zip

19808

Country

USA

4. FEI Number

52-2072853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	VD	<input checked="" type="checkbox"/> Delete
NAME	SIDMAN, TOM	
STREET ADDRESS	1013 CENTRE ROAD	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILL, CHRISTIE	
STREET ADDRESS	1013 CENTRE RD	
CITY-ST-ZIP	WILMINGTON DE 19805	
TITLE	VPCF	<input checked="" type="checkbox"/> Delete
NAME	SHINDLER, STEVEN	
STREET ADDRESS	1013 CENTRE ROAD	
CITY-ST-ZIP	WILMINGTON DE 19805	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DAVIS, BRAIN	
STREET ADDRESS	1013 CENTRE ROAD	
CITY-ST-ZIP	WILMINGTON DE 19805	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	AGNES, LYNN	
STREET ADDRESS	1013 CENTRE ROAD	
CITY-ST-ZIP	WILMINGTON DE 19805	
TITLE	PD	<input type="checkbox"/> Delete
NAME	O'BRIEN, MORGAN	
STREET ADDRESS	1013 CENTRE ROAD	
CITY-ST-ZIP	WILMINGTON DE 19805	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEN KENNEDY	
STREET ADDRESS	2711 CENTERVILLE RD, STE 400	
CITY-ST-ZIP	WILMINGTON, DE 19808	
TITLE	ALSO DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2711 CENTERVILLE RD STE 400	
STREET ADDRESS	WILMINGTON, DE 19808	
CITY-ST-ZIP		
TITLE	VP/CFO ACTING TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BRITTMAN	
STREET ADDRESS	(SAME ADDRESS)	
CITY-ST-ZIP		
TITLE	(CHANGE ADDRESS - SAME)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEN KENNEDY	
STREET ADDRESS	2711 CENTERVILLE RD	
CITY-ST-ZIP	WILMINGTON, DE 19808	
TITLE	(CHANGE ADDRESS - SAME)	<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: B. Davis BRIAN DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01 703-433-4000

Date

Daytime Phone #

CR2E034 (10/00)