

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90213 025 ***150.00

DOCUMENT # F98000001538

1. Entity Name
IGHI, INC.



Principal Place of Business
**5030 TIMERLEA BLVD
MISSISSAUGA, ONTARIO CA LN-4285**

Mailing Address
**800 LONG RIDGE RD
PO BOX 1600
STAMFORD CT 06904**

2. Principal Place of Business

800 LONG RIDGE RD.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

STAMFORD, CT 06904

City & State

4. FEI Number **06-1494337**

Applied For

Not Applicable

Zip
06904

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. 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, 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

TITLE **D** ☐ Delete
NAME **GUPTA, ANSHOO**
STREET ADDRESS **70 LINDEN OAK PKWY**
CITY-ST-ZIP **ROCHESTER NY 14625**

TITLE **P** ☒ Delete
NAME **BUCHANAN, JOHN**
STREET ADDRESS **5030 TIMERLEA BLVD**
CITY-ST-ZIP **MISSISSAUGA, ONTARIO CA L4W-3-9**

TITLE **VPAS** ☐ Delete
NAME **LARSON, ROY B**
STREET ADDRESS **800 LONG RIDGE RD**
CITY-ST-ZIP **STAMFORD CT 06904**

TITLE **T** ☒ Delete
NAME **VELLA, RAY**
STREET ADDRESS **5030 TIMBERLEA BLVD**
CITY-ST-ZIP **MISSISSAUGA, ONTARIO CA LW-42S5**

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

TITLE **AS** ☐ Delete
NAME **SHEIVACHMAN, MARK**
STREET ADDRESS **800 LONG RIDGE RD**
CITY-ST-ZIP **STAMFORD CT 06904**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

MARK SHEIVACHMAN,

1/13/2003

203/968-4657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)