

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90053 017 \*\*\*150.00

**DOCUMENT # F98000005985**

1. Entity Name  
**TELE-TRACKING TECHNOLOGIES, INC.**



Principal Place of Business  
**THE TIMES BUILDING  
7TH FL. 336 FOURTH AVENUE  
PITTSBURGH PA 15222**

Mailing Address  
**THE TIMES BUILDING  
7TH FL. 336 FOURTH AVENUE  
PITTSBURGH PA 15222**



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 **25-1828750**

Applied For

Not Applicable

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>NACEY, GENE</b>	<b>1140 COPELAND RD LEECHBURG PA 15656</b>				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>SGC</b>	<b>ROBERTS, KIMBERLY G</b>	<b>623 HARBAUGH STREET SEWICKLEY PA 15143</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				
	<b>-V-</b>	<b>POWELL, RAYMOND</b>	<b>332 MEADOW LANE SWEICKLEY PA 15143</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input checked="" type="checkbox"/> Delete				
	<b>D</b>	<b>ZAMAGIAS, MICHAEL G</b>	<b>336 FOURTH AVE., 8TH FLOOR PITTSBURGH PA 15222</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				
	<b>DFOT</b>	<b>STEPHEN, KIRK</b>	<b>128 RADCLIFF DRIVE PITTSBURGH PA 15237</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				
	<b>PD</b>	<b>SANZO, ANTHONY</b>	<b>BLACKBURN RD SEWICKLEY PA 15143</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				

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: **X** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X** **1-10-03**

Date

Daytime Phone #

CR2E034 (10/02)