

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90084 019 ***150.00

DOCUMENT # F99000003433

1. Entity Name

AT SYSTEMS INTEGRATED INFORMATION SOLUTIONS, INC



Principal Place of Business

**100 TODDS LANE
WILMINGTON DE 19802**

Mailing Address

**3280 E. FOOTHILL BLVD., #290
PASADENA CA 91107**

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

51-0265011

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

**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. 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	VP	<input type="checkbox"/> Delete
NAME	LONGO, JOSEPH A	
STREET ADDRESS	4200 GOVERNOR PRINTZ BLVD.	
CITY-ST-ZIP	WILMINGTON DE 19802	
TITLE	VSCD	<input type="checkbox"/> Delete
NAME	IRVIN, RICHARD R	
STREET ADDRESS	3220 WINONA AVE.	
CITY-ST-ZIP	BURBANK CA 91504-2544	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	IRVIN, GREGORY W	
STREET ADDRESS	1612 W. PICO BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90015	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	RUDOLPH, GERALD J	
STREET ADDRESS	3280 E. FOOTHILL BLVD., SUITE 290	
CITY-ST-ZIP	PASADENA CA 91107	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PURCELL, JAMES	
STREET ADDRESS	100 TODDS LN	
CITY-ST-ZIP	WILMINGTON DE 19802	
TITLE	GCAS	<input type="checkbox"/> Delete
NAME	LIVINGSTON, MARK V	
STREET ADDRESS	3280 E. FOOTHILL BLVD., SUITE 290	
CITY-ST-ZIP	PASADENA CA 91107	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGO, JOSEPH A.	
STREET ADDRESS	4200 GOVERNOR PRINTZ BLVD.	
CITY-ST-ZIP	WILMINGTON, DE 19802	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVIN, RICHARD R.	
STREET ADDRESS	3220 WINONA AVE.	
CITY-ST-ZIP	BURBANK, CA 91504-2544	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVIN, GREGORY W.	
STREET ADDRESS	1612 W. PICO BLVD.	
CITY-ST-ZIP	LOS ANGELES, CA 90015	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONGWORTH, DUNCAN A.	
STREET ADDRESS	3280 E. FOOTHILL BLVD., STE 290	
CITY-ST-ZIP	PASADENA, CA 91107	
TITLE	PCOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL, JAMES	
STREET ADDRESS	100 TODDS LN	
CITY-ST-ZIP	WILMINGTON, DE 19802	
TITLE	VSGC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, MARK V.	
STREET ADDRESS	3280 E. FOOTHILL BLVD., STE 290	
CITY-ST-ZIP	PASADENA, CA 91107	

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: *Gerald J. Rudolph* **GERALD J. RUDOLPH 4/8/03 (626) 564-4284**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)