

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004656

1. Entity Name

BRT SYSTEMS INTEGRATION INC.

**FILED**  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90957 005 \*\*\*150.00

Principal Place of Business

Mailing Address

39555 ORCHARD HILL PLACE, SUITE 165  
NOVI MI 48375

39555 ORCHARD HILL PLACE, SUITE 165  
NOVI MI 48375-5391

2. Principal Place of Business

40399 GRAND RIVER AVE

3. Mailing Address

40399 GRAND RIVER AVE

Suite, Apt. #, etc.

SUITE 120

Suite, Apt. #, etc.

SUITE 120

City & State

NOVI, MI

City & State

NOVI MI

Zip

48375

Country

USA

Zip

48375

Country

USA

4. FEI Number

38-2356520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	TOMASZCZYK, EDWARD J	
STREET ADDRESS	39555 ORCHARD HILL PLACE, SUITE 165	
CITY-ST-ZIP	NOVI MI 48375	
TITLE	P	<input type="checkbox"/> Delete
NAME	DALIAN, ALLAN J	
STREET ADDRESS	39555 ORCHARD HILL PLACE, SUITE 165	
CITY-ST-ZIP	NOVI MI 48375	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SHALLMAN, ROBERT A	
STREET ADDRESS	39555 ORCHARD HILL PLACE, SUITE 165	
CITY-ST-ZIP	NOVI MI 48375	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MIDDLETON, JOHN W	
STREET ADDRESS	39555 ORCHARD HILL PLACE, SUITE 165	
CITY-ST-ZIP	NOVI MI 48375	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	40399 GRAND RIVER AVE STE 120	
CITY-ST-ZIP	NOVI, MI 48375	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	40399 GRAND RIVER AVE STE 120	
CITY-ST-ZIP	NOVI, MI 48375	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	40399 GRAND RIVER AVE STE 120	
CITY-ST-ZIP	NOVI, MI 48375	
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

EDWARD J. TOMASZCZYK

Date

4/20/00

Daytime Phone #

248-471-4477

CR2E034 (9/99)