

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90006 020 ***150.00

DOCUMENT # H96250

1. Entity Name
TMESYS, INC.

Principal Place of Business

4000 METROPOLITAN DR.
ORANGE CA 92868
US

Mailing Address

4000 METROPOLITAN DR.
ORANGE CA 92868
US

2. Principal Place of Business
1300 Morris Drive

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 959

Suite, Apt. #, etc.

City & State
Chesterbrook, PA

City & State
Valley Forge, PA

4. FEI Number
59-3143128

Applied For
Not Applicable

Zip
19087-5594

Country
US

Zip
19482

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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.

SIGNATURE _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **DS** ☒ Delete
NAME **SAWDEI, MILAN A**
STREET ADDRESS **4000 METROPOLITAN DR.**
CITY-ST-ZIP **ORANGE CA 92868**

TITLE **P** ☐ Delete
NAME **CARPENTER, CHARLES J**
STREET ADDRESS **4000 METROPOLITAN DR.**
CITY-ST-ZIP **ORANGE CA 92868**

TITLE **T** ☐ Delete
NAME **MONTEVIDEO, MICHAEL**
STREET ADDRESS **4000 METROPOLITAN DRIVE**
CITY-ST-ZIP **ORANGE CA 92868**

TITLE **EVP** ☐ Delete
NAME **DIMICK, NEIL**
STREET ADDRESS **4000 METROPOLITAN DRIVE**
CITY-ST-ZIP **ORANGE CA 92868**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director/Secretary** ☐ Change ☒ Addition
NAME **William D. Sprague**
STREET ADDRESS **4000 Metropolitan Drive**
CITY-ST-ZIP **Orange, CA 92868**

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

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

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

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Kent Harms**
STREET ADDRESS **4000 Metropolitan Drive**
CITY-ST-ZIP **Orange, CA 92868**

TITLE ☐ Change ☐ 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 REQUIRED

Kent Harms, Assistant Secretary

1/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)