

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90269 045 \*\*\*150.00

0466855 AV

**DOCUMENT # P00000016875**

1. Entity Name  
**CONVERGENT LABEL TECHNOLOGY, INC.**



Principal Place of Business  
**620 WARE BLVD.  
TAMPA FL 33619  
US**

Mailing Address  
**620 WARE BLVD.  
TAMPA FL 33619  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2220387**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MALENCH, TERRY L  
618 WARE BLVD.  
TAMPA FL 33619**

Name **Thomas W. Ebel**  
Street **620 WARE BLVD**  
City **Tampa** FL Zip Code **33619**

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 **Thomas W. Ebel, Controller** DATE **2/28/03**

**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 **VP** ☐ Delete  
NAME **PRICE, SYBIL VP**  
STREET ADDRESS **618 WARE BLVD.**  
CITY-ST-ZIP **TAMPA FL 33619**

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

TITLE **VP** ☒ Delete  
NAME **MALENCH, TERRY L VP**  
STREET ADDRESS **618 WARE BLVD.**  
CITY-ST-ZIP **TAMPA FL 33619**

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

TITLE **PCEO** ☐ Delete  
NAME **LLOYD, GRAHM**  
STREET ADDRESS **618 WARE BLVD.**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **P/CEO/D** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PR** ☐ Delete  
NAME **LEMAY, JOHN D PR**  
STREET ADDRESS **127 PUBLIC SQUARE, 28TH FLOOR**  
CITY-ST-ZIP **CLEVELAND OH 44114-1306**

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

TITLE **EVPO** ☐ Delete  
NAME **SEFCIK, TOM**  
STREET ADDRESS **618 WARE BLVD.**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **EVPO/operations/CFO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **EVPS** ☐ Delete  
NAME **CLARKE, MICHAEL**  
STREET ADDRESS **618 WARE BLVD.**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **EVPS/sales & Marketing** ☒ 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: **Thomas J. Sefcik** DATE **3/14/03** DAYTIME PHONE # **813 621 8128**

CR2E034 (10/02)