

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134537

Entity Name: ITL TECHNOLOGIES, INC.

FILED  
Apr 22, 2008  
Secretary of State

## Current Principal Place of Business:

8998-1 BLOUNT ISLAND BLVD.  
BLOUNT ISLAND MARINE TERMINAL  
JACKSONVILLE, FL 32226

## Current Mailing Address:

8998-1 BLOUNT ISLAND BLVD.  
BLOUNT ISLAND MARINE TERMINAL  
JACKSONVILLE, FL 32226

## New Principal Place of Business:

9485 REGENCY SQUARE BOULEVARD  
SUITE 460  
JACKSONVILLE, FL 32225

## New Mailing Address:

9485 REGENCY SQUARE BOULEVARD  
SUITE 460  
JACKSONVILLE, FL 32225

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGLER, MITCHELL W  
300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SAIN, BERNARD S  
Address: 8998-1 BLOUNT ISLAND BLVD.  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VPSD ( ) Delete  
Name: SAIN, JASON A  
Address: 8998-1 BLOUNT ISLAND BLVD.  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VPAS ( ) Delete  
Name: LEGLER, MITCHELL W  
Address: 300A WHARFSIDE WAY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: LEGLER, MITCHELL W  
Address: 300A WHARFSIDE WAY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: PATCH, GLENN R  
Address: 1820 COLUMBIA DRIVE EAST  
City-St-Zip: FRESNO, CA 93727

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH A. THOMSON

DIR

04/22/2008

Electronic Signature of Signing Officer or Director

Date