2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)							FILED				
DOCUMENT # P11153						Jul 10, 2001 8:00 am Secretary of State					
INDUSTRIAL SYSTEMS ASSOCIATES, INC.							07-10-2001 901	,			
Principal Place of Business 3220 TILLMAN DR			Mailing Address 3220 TILLMAN DR						15		
200 BENSALEM PA 19020			200 - Bensalem pa 19020) A ·	10764	i anamanan a i To		
US . Principal Place of Business			US			 					
		\$				·				•	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	e		City & State			4. FEI N	umber 23-1737774		→ 	plied For t Applicable	
Zip	Country		Zip	Country		5. Certifi	cate of Status Desired		8.75 Add		
	d Address of Current Re	Name	7. Name and Address of New Registered Agent								
C T CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324											
. 2						 		FL	Zip Code	9	
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											
• This		rinted name of registered agent and	<u></u>	: Registered Agent signs		when reinstatin	ng)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After September 12, 200 Make Check Payable to					be \$750.0	ן טנ	 Election Campaign Final Trust Fund Contribution. 	ncing		O May Be to Fees	
11.		OFFICERS AND DI		12.	1-	ADDITIO	ONS/CHANGES TO OFFIC				
TITLE NAME	VCOO HOGAN, AN	DREA	☐ Delete	TITLE NAME				i	<u>:</u> -change	Addition	
STREET ADDRESS CITY-ST-ZIP	1040 BRIDG LANGHORNI	etown Park E Pa		STREET ADDRESS CITY-ST-ZIP							
TITLE NAME	PCEO SERGEY, JO	NUN M	☐ Delete	TITLE NAME	Pars)32 K	ker vanozste voz	7	Change	Addition	
STREET ADDRESS	3220 TILLMA	AN DR, STE 200		STREET ADDRESS	39-96	Tillo	ian or ste too)			
TITLE 1 T	BENSALEM C	PA 19020	→ ↑ □ Délete ~	CITY-ST-ZIP	Ben	, 85(0W	LPA 190201	{	- Change	Addition -	
NAME STREET ADDRESS	COURTRIGH	it, david Nn dr. ste 200		NAME STREET ADDRESS							
CITY-ST-ZIP	BENSALEM			CITY-ST-ZIP	 					- Addition	
NAME	C Krauter, G		☐ Delete	TITLE NAME				ı	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	200 ROCKS HOLLAND P			STREET ADDRESS CITY-ST-ZIP							
TITLE NAME	AS MAHONE, W	LIITAM I	☐ Delete	TITLE NAME				[Change	☐ Addition	
STREET ADDRESS	475 STEAMS GREENWICH	BOAT RD		STREET ADDRESS CITY-ST-ZIP							
TITLE	CHILLIAMION	1 01 00000	. Delete	TITLE				[Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS							
CITY-ST-ZIP	certify that the in	formation supplied with th	is filing does not qualify for	CITY-ST-ZIP	ted in Sec	tion 119.0	7(3)(i), Florida Statutes 1 fi	urther certify	v that the in	formation	
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.											