

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P23629

1. Entity Name  
INTELLUTION, INC.



Principal Place of Business  
325 FOXBOROUGH BLVD.  
P.O. BOX 4100, STA. 2398  
FOXBORO, MA 02035 US

Mailing Address  
P.O. BOX 2216  
SCHENECTADY, NY 12301-2216 US



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-2687556

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME ROACH, KEVIN V  
STREET ADDRESS RT 29 N & RT 606  
CITY- ST- ZIP CHARLOTTESVILLE, VA 22911

TITLE DT  
NAME CAZER, MICHAEL J  
STREET ADDRESS 29 N. & RT 606  
CITY- ST- ZIP CHARLOTTESVILLE, VA 22911

TITLE DS  
NAME SMITH, NATHAN B  
STREET ADDRESS 29 N. & RT. 606  
CITY- ST- ZIP CHARLOTTESVILLE, VA 22911

TITLE VPAT  
NAME MELITA, BARBARA A  
STREET ADDRESS 12 CORPORATE WOODS BLVD.  
CITY- ST- ZIP ALBANY, NY 12211

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

100000143751  
04-30/04-20103-02: 50.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: B. Melita  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04  
Date

(518) 433-4338  
Daytime Phone #