

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91424 007 ***150.00

0652137 AT

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
**8000 W. FLORISSANT AVENUE
P.O. BOX 4100, STA. 3854
ST. LOUIS MO 63136
US**

2. Principal Place of Business

3. Mailing Address
P.O. BOX 2216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SCHENECTADY, NY

4. FEI Number
04-2687556

Applied For
Not Applicable

Zip

Country

Zip

Country

12301-2216

U.S.

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPO
GERRAUGHTY, WILLIAM B JR
ONE EDGEWATER DR
NORWOOD MA 02062** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D & PRESIDENT
KEVIN V. ROACH
RT29N & RT606 CHARLOTTESVILLE, VA 22911** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
RUBIN, S.E.
325 FOXBOROUGH BLVD.
FOXBORO MA 02035** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D & TREASURER
MICHAEL J. CAZER
29N & RT606, CHARLOTTESVILLE VA 22911** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERRA, J.M.
8100 W. FLORISSANT AVE.
SAINT LOUIS MO 63136** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D & SECRETARY
NATHAN B. SMITH
29N & RT606, CHARLOTTESVILLE VA 22911** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP & ASST TREASURER
BARBARA A. MELITA
12 CORPORATE WOODS BLVD, ALBANY NY 12211** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: SIGNATURE REQUIRED

BARBARA A. MELITA 4/22/03-518-4334337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)