

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90032 004 ***150.00

DOCUMENT # P25314

1. Entity Name

WIZCOM INTERNATIONAL, LTD., CO.



Principal Place of Business

1 CAMPUS DRIVE
PARSIPPANY NJ 07054
US

Mailing Address

1 CAMPUS DRIVE
PARSIPPANY NJ 07054
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-2850571

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2004 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, STEPHEN P	
STREET ADDRESS	1 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LUGLI, FLO	
STREET ADDRESS	1 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	EVPT	<input checked="" type="checkbox"/> Delete
NAME	COCRAFT, DUNCAN	
STREET ADDRESS	1 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKMAN, JAMES E	
STREET ADDRESS	9 WEST 57TH STREET 37TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HUBER, JOSEPH	
STREET ADDRESS	1 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samuel L. Katz	
STREET ADDRESS	9 West 57th St., 37th Floor	
CITY-ST-ZIP	New York, NY 10019	
TITLE	EVP/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric J. Boek	
STREET ADDRESS	9 West 57th St., 37th Floor	
CITY-ST-ZIP	New York, NY 10019	
TITLE	EVP/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Wyshner	
STREET ADDRESS	1 Campus Drive	
CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE	Director/EVP/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael W. McCormick	
STREET ADDRESS	7 Sylvan Way	
CITY-ST-ZIP	Parsippany, NJ 07054	

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:

Joseph Huber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Huber 2/2/04
Date

Daytime Phone #