

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P25314**
1. Entity Name
Wizcom International Ltd.

03 JUL -2 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 Campus Drive Suite, Apt. #, etc.		3. Mailing Address 1 Campus Drive Suite, Apt. #, etc. 3B Legal Dept.		4. FEI Number	Applied For Not Applicable
City & State Parsippany, NJ		City & State Parsippany, NJ		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 07054	Country USA	Zip 07054	Country USA		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Corporation-Service-Company**
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City **Tallahassee** **FL** Zip Code **32301**

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 **Blanca L. Lujan**, Asst. Secretary **6/26/2003**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Director James E. Buckman 9 West 57th Street, 37th Floor New York, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300020807593 06/12/03-01/07/04-009 ***900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stephen P. Holmes 1 Campus Drive Parsippany, NJ 07054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Flo Lugli 1 Campus Drive, 3B Parsippany, NJ 07054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Tax Joseph Huber 1 Campus Drive Parsippany, NJ 07054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP - Treasurer Duncan H. Cocroft 1 Campus Drive, Parsippany, NJ 07054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Joseph Huber**, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03
Date

Daytime Phone #

CR2E034B (12/02)

7/7/03