

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27573

1. Entity Name

AJILON SERVICES, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90482 049 ***550.00

Principal Place of Business 100 REDWOOD SHORES PARKWAY REDWOOD CITY CA 94065	Mailing Address 100 REDWOOD SHORES PARKWAY REDWOOD CITY CA 94065-1155
--	---

2. Principal Place of Business 210 W. Pennsylvania Ave. Suite, Apt. #, etc. Suite 650 City & State Towson MD Zip 21204	Country	3. Mailing Address 175 Broad Hollow Rd Suite, Apt. #, etc. City & State Melville NY Zip 11747	Country
---	---------	---	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3056065	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMER, JOHN P 100 REDWOOD SHORES PARKWAY REDWOOD CITY CA 94065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 175 Broad Hollow Rd Melville NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HAGGERTY, LEROY F 100 REDWOOD SHORES PARKWAY REDWOOD CITY CA 94065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 210 W. Pennsylvania Ave Towson MD 21204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFISTER, PETER A 100 REDWOOD SHORES PARKWAY REDWOOD CITY CA 94065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3039 Premiere Parkway Duluth GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENFIELD, DOREEN R. 100 REDWOOD SHORES PARKWAY REDWOOD CITY CA 94065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Jyrl Washington 175 Broad Hollow Rd. Melville NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVD EATON, MARK 100 REDWOOD SHORES PARKWAY REDWOOD CITY CA 94065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director 175 Broad Hollow Rd Melville NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHMAN, MARK 100 REDWOOD SHORES PARKWAY REDWOOD CITY CA 94065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: [Signature] 5/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)