


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90144 001 *1,250.00

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|---|---|---|---|---|--|
| DOCUMENT # P28033 1. Entity Name INTEGIC CORPORATION | | | |  | |
| Principal Place of Business 14585 AVION PARKWAY CHANTILLY, VA 20151 | | | Mailing Address 14585 AVION PARKWAY CHANTILLY, VA 20151 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 1840 Century Park East Suite, Apt. #, etc. | |  | |
| City & State City & State Los Angeles, CA | | 4. FEI Number 54-1498081 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 90067 | | Country USA | | 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD LAROSE, ROBERT E. 14585 AVION PARKWAY CHANTILLY, VA <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Albert F. Myers 1840 Century Park East Los Angeles, CA 90067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD JINDIA, GIRISH K. 14585 AVION PARKWAY CHANTILLY, VA <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D Gary W. McKenzie 1840 Century Park East Los Angeles, CA 90067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS ENDRES, STEPHEN M. 14585 AVION PARKWAY CHANTILLY, VA <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer James L. Sanford 1840 Century Park East Los Angeles, CA 90067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARRIER, RONALD E. JAMES MADISON UNIVERSITY - MSC 5730 HARRISONBURG, VA 22807 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/Secretary Kathleen M. Salmas 1840 Century Park East Los Angeles, CA 90067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STERN, BRIAN 800 LONG RIDGE RD STAMFORD, CT 06904 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D John H. Mullan 1840 Century Park East Los Angeles, CA 90067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOLAN, TOM 70 LINDEN OAKS PARKWAY ROCHESTER, NY 14625 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Assistant Treasurers Mark Rabinowitz and Lloyd Straits 1840 Century Park East Los Angeles, CA 90067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Kathleen M. Salmas</u> Kathleen M. Salmas, Secretary <u>7/13/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |