

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31705

1. Entity Name

SSL AMERICAS, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90866 019 \*\*\*150.00

Principal Place of Business

Mailing Address

3585 ENGINEERING DRIVE  
STE. 200  
NORCROSS GA 30092

3585 ENGINEERING DR  
STE 200  
NORCROSS GA 30092-2891  
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 13-1991107

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

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.

SIGNATURE

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

(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)

XX

**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	P	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, GARETH	
STREET ADDRESS	3585 ENGINEERING DR, STE. 200	
CITY-ST-ZIP	NORCROSS GA	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	GINNA, WILLIAM	
STREET ADDRESS	3585 ENGINEERING DR, STE 200	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAISER, ROBERT	
STREET ADDRESS	3585 ENGINEERING DR, STE 200	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Slater	
STREET ADDRESS	3585 Engineering Dr. Ste 200	
CITY-ST-ZIP	Norcross, GA 30092	
TITLE	V, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Plumridge	
STREET ADDRESS	3585 Engineering Dr., Ste 200	
CITY-ST-ZIP	Norcross, GA 30092	
TITLE	V, D	<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		<input 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		

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: Robert Kaiser Robert Kaiser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/00

Date

(770) 582-2055

Daytime Phone #

CR2E034 (9/99)