

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90386 034 ***150.00

06102000 AT

DOCUMENT # P39116

1. Entity Name
GDXI, INC.

Principal Place of Business

**210 CARNEGIE CENTER
 PRINCETON NJ 08540**

Mailing Address

**210 CARNEGIE CENTER
 ATTN: TAX DEPT.
 PRINCETON NJ 08540**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

39-1722872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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

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) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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. **SEE ATTACHED** OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KUEBLER, CHRISTOPHER A | |
| STREET ADDRESS | 210 CARNEGIE CENTER | |
| CITY-ST-ZIP | PRINCETON NJ 08540 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MILLS, F. JOHN | |
| STREET ADDRESS | 210 CARNEGIE CENTER | |
| CITY-ST-ZIP | PRINCETON NJ 08540 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | HARWOOD, CHARLES C JR. | |
| STREET ADDRESS | 210 CARNEGIE CENTER | |
| CITY-ST-ZIP | PRINCETON NJ 08540 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | RILEY, JOHN W | |
| STREET ADDRESS | 8211 SCICOR DRIVE | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46214 | |
| TITLE | VAT | <input type="checkbox"/> Delete |
| NAME | KLITGAARD, WILLIAM E | |
| STREET ADDRESS | 210 CARNEGIE CENTER | |
| CITY-ST-ZIP | PRINCETON NJ 08540 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | WOJTOWICZ, FREDERICK W | |
| STREET ADDRESS | 210 CARNEGIE CENTER | |
| CITY-ST-ZIP | PRINCETON NJ 08540 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEPHEN J. SULLIVAN | |
| STREET ADDRESS | 210 CARNEGIE CENTER | |
| CITY-ST-ZIP | PRINCETON, NJ 08540 | |
| TITLE | V/S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JAMES W. LOVETT | |
| STREET ADDRESS | 210 CARNEGIE CENTER | |
| CITY-ST-ZIP | PRINCETON, NJ 08540 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V/AT/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V | <input checked="" 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK W. WOJOWICZ

Date

609-452-4168

Daytime Phone #

CR2E034 (9/01)

Attachment

GDXI, Inc.
Document # P39116

Statement Attached to and Made Part of
2002 Florida Uniform Business Report

ADDITIONAL OFFICERS:

| <u>Name</u> | <u>Title</u> | <u>Business Address</u> |
|-----------------------|--------------|--|
| Marc S. Ginsky | AS | 210 Carnegie Center, Princeton, NJ 08540 |
| Ross A. Hyams | AS | 210 Carnegie Center, Princeton, NJ 08540 |
| Suzanne D'Amico-Sharp | AT | 210 Carnegie Center, Princeton, NJ 08540 |