

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91181 048 ***150.00

DOCUMENT # P40838

1. Entity Name
XPEDITE SYSTEMS, INC.



Principal Place of Business
**3399 PEACHTREE ROAD NE
#600
ATLANTA GA 30326
US**

Mailing Address
**3399 PEACHTREE ROAD NE
#600
ATLANTA GA 30326
US**



2. Principal Place of Business

3. Mailing Address

100 Tormee Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Tinton Falls, NJ

4. FEI Number **22-2903158**

Applied For

Not Applicable

Zip

Country

Zip

Country

07712

U.S.

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 SOUTH PINE ISLAND RD.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **JONES, BOLAND**
STREET ADDRESS **3399 PEACHTREE RD THE LENOX BLDG**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ALLRED, JEFFREY**
STREET ADDRESS **3399 PEACHTREE RD THE LENOX BLDG**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **BUYENS, RICK**
STREET ADDRESS **3399 PEACHTREE RD., SUITE 600**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **JONES PATRICK**
STREET ADDRESS **3399 PEACHTREE RD THE LENOX BLDG**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **WALKER, J. GRADY**
STREET ADDRESS **3399 PEACHTREE RD., SUITE 600**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE ☒ Change ☐ Addition
NAME **Elwood, John**
STREET ADDRESS **3399 Peachtree Rd, Suite 600**
CITY-ST-ZIP **Atlanta, GA 30326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **Devita Vincent**
STREET ADDRESS **100 Tormee Drive**
CITY-ST-ZIP **Tinton Falls NJ 07712**

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 supporting 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 signature, and date.

SIGNATURE:

SIGNATURE REQUIRED

Devita Vincent COO

5/1/03

732-389-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)