

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90502 011 ***150.00

A0071790

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000052715**
 1. Entity Name
TECHNOLOGY CONTROL SERVICES, INC. ✓

Principal Place of Business 200 N Andrews Ave 3rd Floor Ft. Lauderdale, FL 33301 USA	Mailing Address 200 N Andrews Ave 3rd Floor Ft. Lauderdale, FL 33301-1018 USA
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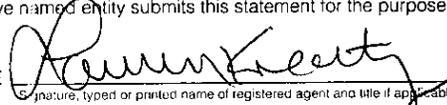
2. Principal Place of Business 1571 Sunrise Corporate Parkway Suite, Apt. # etc.	3. Mailing Address c/o Convergent Networks/Legal 900 Chelmsford St., Tower 3 Suite, Apt. #, etc.
City & State Sunrise FL	City & State Lowell, MA

Zip 33323	Country USA	Zip 01851	Country USA
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4. FEI Number 65-0525654	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**Neukamm, Michael E
 201 E. Pine St.
 Ste. 1200
 Orlando FL 32801**

7. Name and Address of New Registered Agent
 Name
CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
 City
Plantation FL Zip Code
33324

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  **LAUREN H. KREATZ, ASSISTANT SECRETARY** DATE **May 9, 2001**
(Signature, typed or printed name of registered agent and title if applicable. SPECIAL NOTE: Registered Agent signature required when reinstating.)

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

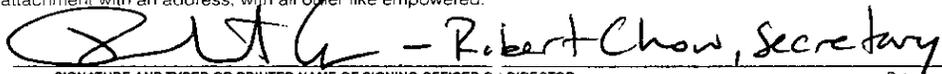
FILE NOW!
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME Butler, David	
STREET ADDRESS 14560 NE 3RD CT	
CITY-ST-ZIP N MIAMI FL 33161	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME Mousavi, Nader	
STREET ADDRESS 408 Seven Isles Dr	
CITY-ST-ZIP Ft. Lauderdale, FL 33301	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME Rollins, Harley	
STREET ADDRESS 1581 NW 101 Way	
CITY-ST-ZIP Plantation FL 33322	
TITLE PCEO	<input checked="" type="checkbox"/> Delete
NAME Nelson, Jerry	
STREET ADDRESS 8711 Pinnacle Peak Rd.	
CITY-ST-ZIP Scottsdale AZ 85255	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME Holzemer, Ben	
STREET ADDRESS 408 Seven Isles Dr.	
CITY-ST-ZIP Ft. Lauderdale, FL 33301	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Thibault, John	
STREET ADDRESS 17 Zeus Drive	
CITY-ST-ZIP Chelmsford, MA 01824	
TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lenehan, Pamela	
STREET ADDRESS 22 Pheasant Landing Road	
CITY-ST-ZIP Needham, MA 02492	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHOW, ROBERT	
STREET ADDRESS 95 Welland Road	
CITY-ST-ZIP Brookline, MA 02445	
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 no 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 Chow, Secretary** 5/11/01 978-323-3579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)