

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2001 90502 011 ***150.00

DOCUMENT #P94000052715

1. Entity Name

TECHNOLOGY CONTROL SERVICES, INC.



A0071790

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

1571 Sunrise Corporate Parkway

Suite, Apt. # etc.

3. Mailing Address

c/o Convergent Networks/Legal

Suite, Apt. #, etc.

900 Chelmsford St., Tower 3

City & State

Sunrise FL

City & State

Lowell, MA

4. FEI Number

65-0525654

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

01851

Country

USA

5. Certificate of Status Desired ☐

\$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. Kretz

LAUREN H. KRETZ
 ASSISTANT SECRETARY

May 9, 2001

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

SPECIAL

(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!

After MAY 1, 2001

Make Check Payable to

FEE IS \$150.00

Fee will be \$550.00

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		
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 Chow - Robert Chow, Secretary 5/11/01 978-323-3379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)