

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2002 8:00 am**  
**Secretary of State**

08-16-2002 90001 016 \*\*\*550.00

**DOCUMENT # P94000061751**

1. Entity Name  
**ABRAXAS TECHNOLOGIES, INC.**

**Principal Place of Business**

**100 ALEXANDRIA  
 BLDG #8  
 OVIEDO FL 32765**

**Mailing Address**

**100 ALEXANDRIA  
 BLDG #8  
 OVIEDO FL 32765**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**450 N. Brand Blvd.**

Suite, Apt. #, etc.

**Suite 410**

City & State  
**Glendale, CA**

Zip  
**91203**

Country

**3. Mailing Address**

**% Select Appointments N.A.**

Suite, Apt. #, etc.

**60 Harvard Mill Square**

City & State  
**Wakefield, MA**

Zip

**01880-3208**

Country

**Middlesex**

4. FEI Number **59-3262236**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301**

**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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PD** ☐ Delete  
 NAME **COSGRAVE, JOHN**  
 STREET ADDRESS **100 ALEXANDRIA BLVD. #8**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☒ Change ☐ Addition  
 NAME **450 N. Brand Blvd Ste 410**  
 STREET ADDRESS **Glendale, CA 91203**  
 CITY-ST-ZIP

TITLE **S** ☒ Delete  
 NAME **TICEHURST, CHARLES A**  
 STREET ADDRESS **1563 CASA RIO DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Change ☒ Addition  
 NAME **Sec'y/Treasurer**  
 STREET ADDRESS **Michael D. Reed**  
 CITY-ST-ZIP **450 N. Brand Blvd, Ste 410**  
**Glendale, CA 91203**

TITLE **D** ☒ Delete  
 NAME **EDUARDES, MARCUS**  
 STREET ADDRESS **100 ALEXANDRIA BLVD #8**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Change ☒ Addition  
 NAME **Director**  
 STREET ADDRESS **Gregory A. Netland**  
 CITY-ST-ZIP **60 Harvard Mill Square**  
**Wakefield, MA 01880-3208**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Director**  
 STREET ADDRESS **Ronald Fuccillo**  
 CITY-ST-ZIP **60 Harvard mill square**  
**Wakefield, MA 01880-3208**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/9/02** / **(781)213-1500**

Date

Daytime Phone #

CR2E034 (4/02)