

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90053 031 ***150.00

711321



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000073828

1. Entity Name

WITTEN TECHNOLOGIES, INC.

Principal Place of Business

4440 P.G.A. BLVD.
 SUITE 600
 PALM BEACH GARDENS FL 33410
 US

Mailing Address

2121 K ST NW STE 650
 WASHINGTON DC 20037
 US

2. Principal Place of Business

295 Huntington Ave
 Suite, Apt. #, etc.
 203
 City & State
 Boston, MA

3. Mailing Address

295 Huntington Ave
 Suite, Apt. #, etc.
 203
 City & State
 Boston, MA

4. FEI Number **59-3284628**

Applied For

Not Applicable

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE., STE 3000
MIAMI FL 33131

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

Michael L. Oristaglio **Michael L. Oristaglio**

1/31/01

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. ☐

FILE NOW!!! FEE IS \$150.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **WITTEN, ALAN**
 STREET ADDRESS **3308 RIVERWALK COURT**
 CITY-ST-ZIP **NORMAN OK 73072**

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

TITLE **D** ☐ Delete
 NAME **GREEN, ROBERT E**
 STREET ADDRESS **3638 OVERLOOK AVE**
 CITY-ST-ZIP **MACON GA 31204**

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

TITLE **D** ☐ Delete
 NAME **Oristaglio, Michael**
 STREET ADDRESS **8 Stonewall Ridge Road**
 CITY-ST-ZIP **Newton, CT 06470**

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

TITLE ☐ Delete
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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:

Michael L. Oristaglio **Michael L. Oristaglio** **1/31/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)