

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90038 005 \*\*\*150.00

**DOCUMENT # P94000073828**

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



Principal Place of Business  
**3638 OVERLOOK AVE  
MACON, GA 31204 US**

Mailing Address  
**3638 OVERLOOK AVE  
MACON, GA 31204 US**

**50002096**



2. Principal Place of Business - No P.O. Box #  
**4540 Southside Blvd**

3. Mailing Address  
**4540 SOUTHSIDE BLVD**

Suite, Apt. #, etc.  
**201**

Suite, Apt. #, etc.  
**201**

02182008 Chg-P CR2E034 (12/06)

City & State  
**Jacksonville, FL**

City & State  
**JACKSONVILLE, FL**

4. FEI Number  
**59-3284628**

Applied For  
Not Applicable

Zip  
**32216**

Country  
**USA**

Zip  
**32216**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**KRAUSE, JOHN  
2324 GATES DR.  
TALLAHASSEE, FL 32312**

## 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
D  
**MILNE, DOUG** ☐ Delete  
STREET ADDRESS  
**4595 LEXINGTON AVE**  
CITY-ST-ZIP  
**JACKSONVILLE, FL 32210**

TITLE  
NAME  
D  
**HOGAN, MICHAEL** ☐ Delete  
STREET ADDRESS  
**5007 EAGLE POINT DRIVE**  
CITY-ST-ZIP  
**JACKSONVILLE, FL 32210** **UNCHANGED**

TITLE  
NAME  
O  
**KRAUSE, JOHN L SR. VP** ☐ Delete  
STREET ADDRESS  
**2324 GATES DR**  
CITY-ST-ZIP  
**TALLAHASSEE, FL 32312**

TITLE  
NAME  
O  
**BIRKEN, RALF** ☐ Delete  
STREET ADDRESS  
**35 MEDFORD ST #306**  
CITY-ST-ZIP  
**SOMERVILLE, MA 02143**

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
Pres/Dir  
**Howard White** ☐ Change ☒ Addition  
STREET ADDRESS  
**8254 Hunters Grove Road**  
CITY-ST-ZIP  
**Jacksonville, FL 32256**

TITLE  
NAME  
VP-Operations  
**John L. Krause, Sr.** ☒ Change ☐ Addition  
STREET ADDRESS  
**2324 Gates Drive**  
CITY-ST-ZIP  
**Tallahassee, FL 32312**

TITLE  
NAME  
VP-Res. and Dev./Dir  
**Ralf Birken** ☒ Change ☐ Addition  
STREET ADDRESS  
**42 Murdock Street, #2**  
CITY-ST-ZIP  
**Somerville, MA 02145**

TITLE  
NAME  
Sec/Dir  
**Doug Milne** ☒ Change ☐ Addition  
STREET ADDRESS  
**4595 Lexington Avenue**  
CITY-ST-ZIP  
**Jacksonville, FL 32210**

TITLE  
NAME  
Dir  
**Robert Green** ☒ Change ☐ Addition  
STREET ADDRESS  
**3638 Overlook Avenue**  
CITY-ST-ZIP  
**Macon, GA 31204**

TITLE  
NAME  
Dir  
**Steve Smith** ☐ Change ☒ Addition  
STREET ADDRESS  
**1000 W. McNabb Road, Suite 2**  
CITY-ST-ZIP  
**Romano Beach, FL 33069**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*W. Howard White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-08**

Date

**904-641-3805**

Daytime Phone #

ATTACHMENT

50002096  
#P94000073828

11.

Additions/Changes to Officers and Directors in 11

Title  
Name  
Street Address  
City-ST-Zip

Dir  
Mike Oristaglio  
8 Stonewall Ridge Road  
Newton, CT 06470

☐ Change    ☒ Addition



ATTACHMENT  
50002096

Douglas J. Milne  
\*John H. McCorvey, Jr.  
\*Ashley McCorvey Myers  
Sandra M. Ralston  
Ronald T. Buckingham, Retired  
\*Certified Circuit Civil Mediator  
\*Board Certified Marital and Family Law

March 12, 2008

Florida Department of State  
Division of Corporations  
P. O. Box 8700  
Tallahassee, FL 32314

RE: Witten Technologies, Inc.

Doc # P94000073828

Enclosed for filing is the 2008 Annual Report, along with the \$150 filing fee.

Please note:

2 and 3. The principal place of business and mailing address have been changed to 4540 Southside Blvd., Suite 201, Jacksonville, FL 32216

10. The single director remaining unchanged is Michael Hogan. All others are changed.

11. The other (6) directors, and the officers are listed in 11. Note Director Oristaglio is listed on the attached sheet. There are a total of 7 directors, including Hogan. 3 of these (7) are also officers. Krause is also an officer, but not a director.

Please let me know if anything else is needed.

Thank you,

Douglas J. Milne

DJM:sm

Howard White/President