

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076726

1. Entity Name  
**INFINEER INC.**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90049 020 \*\*\*150.00

Principal Place of Business

905 E MLK JR BL 660  
660  
TARPON SPRINGS FL 34689  
US

Mailing Address

905 E MLK JR BL 660  
660  
TARPON SPRINGS FL 34689  
US

2. Principal Place of Business

905 E MLK Jr Dr #400  
Suite, Apt. #, etc.

3. Mailing Address

905 E MLK Jr Dr #400  
Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

4. FEI Number **59-3340980**

Applied For  
Not Applicable

Zip  
34689

Country  
USA

Zip  
34689

Country  
USA

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

6. Name and Address of Current Registered Agent

MATTHEW, WAYNE S  
905 E MLK JR. BLVD 660  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name  
**Wayne S. Matthews**  
Street Address (P.O. Box Number is Not Acceptable)  
**905 E MLK JR DR #400**  
City  
**Tarpon Springs** **FL** Zip Code  
**34689**

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 

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/01

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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT DELISE, ANTONIO L ONE POST RD FAIRFIELD CT 06430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTTINGHUIS, JAN-ERIK ONE POST RD. FAIRFIELD CT 06430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIMORE, RICHARD ONE POST RD. FAIRFIELD CT 06430	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT Antonio L. DeLise 620 - 5th Avenue 7th Floor New York, NY 10020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jan-Erik Rottinghuis 620 - 5th Avenue 7th Floor New York, NY 10020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Schedule	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Schedule	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Schedule	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/01

CR2E034 (10/00)

Attachment  
DOC # 19500007674  
C0035031

William Volmuth

~~CTO~~ VP

905 E. Martin Luther King Jr. Dr. #400  
Tarpon Springs, FL 34689

Kenneth L. Mellem

~~SVP/GM~~ VP

905 E. Martin Luther King Jr. Dr. #400  
Tarpon Springs, FL 34689

Wayne S. Matthews

VP

905 E. Martin Luther King Jr. Dr. #400  
Tarpon Springs, FL 34689

Stephen A. Ewald

VP

905 E. Martin Luther King Jr. Dr. #400  
Tarpon Springs, FL 34689

Vincent Poole

VP

905 E. Martin Luther King Jr. Dr. #400  
Tarpon Springs, FL 34689

Mark L. Marchetta

VP

905 E. Martin Luther King Jr. Dr. #400  
Tarpon Springs, FL 34689