

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000023455**1. Entity Name  
**EXCELIS, INC.****FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90088 047 \*\*\*550.00

0141047 AB

Principal Place of Business  
**8435 STEMMONS FREEWAY**  
**DALLAS TX 75247-3907**  
**US**Mailing Address  
**1 FIRST AMERICAN WAY**  
**SANTA ANA CA 92707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3371395**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KENNEDY, PARKER S</b> <b>114 FIFTH STREET</b> <b>SANTA ANA CA 92701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LONG, JOHN W</b> <b>150 SECOND AVENUE NORTH SUITE 1600</b> <b>ST. PETERSBURG FL 33701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ZINDA, CRAIG J</b> <b>150 SECOND AVENUE NORTH SUITE 1600</b> <b>ST. PETERSBURG FL 33701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ABIDE, RAYMOND G JR</b> <b>8435 STEMMONS FREEWAY</b> <b>DALLAS TX 75247-3907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SANDO, BARRY M</b> <b>8435 STEMMONS FREEWAY</b> <b>DALLAS TX 75247</b>	<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	<b>D</b> <b>TRABKA, GARY D.</b> <b>100 Mulberry Street</b> <b>Newark, NJ 07102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>RIFFE, C. CLARK</b> <b>8435 N. Stemmons Freeway</b> <b>Dallas, TX 75247</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>KATHLEEN M. COLLINS</b> <b>1 First American Way</b> <b>Santa Ana, CA 92707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>WRIGHT, KIMBERLY A.</b> <b>8435 N. Stemmons Freeway</b> <b>Dallas, TX 75247</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>DANILUK, WILLIAM J.</b> <b>8435 N. Stemmons Freeway</b> <b>Dallas, TX 75247</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SPRINKLE, JON P.</b> <b>8435 N. Stemmons Freeway</b> <b>Dallas, TX 75247</b>	<input type="checkbox"/> Change <input checked="" 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: *Kathleen M. Collins* Kathleen M. Collins 9/12/2002 800/854-3643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



Attachment  
980554

***First American Title Insurance Company***

1 First American Way • Santa Ana, California 92707 • (714) 800-3000 • (800) 854-3643  
www.firstam.com • NYSE: FAF

September 12, 2002

Divisions of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**VIA FEDERAL EXPRESS**

RE: **Excelis, Inc.**  
**Document # P96000023455**

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business Report (UBR) for Excelis, Inc., and a check in the amount of \$550.00, payable to Florida Department of State, for the filing fee.

Thank you for your assistance in processing this information.

Very truly yours,

Julie K. Moore  
Legal Assistant

Enclosures