

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90058 018 \*\*\*150.00

**DOCUMENT # P96000101389**

1. Entity Name

**INTERNETWORK INTEGRATION, INC.**

Principal Place of Business

**310 FULTON INDUSTRIAL CIR  
 ATLANTA GA 30336  
 US**

Mailing Address

**310 FULTON INDUSTRIAL CIR  
 ATLANTA GA 30336  
 US**

2. Principal Place of Business

**208 LYNTHURST COURT**

Suite, Apt. #, etc.

3. Mailing Address

**208 LYNTHURST COURT**

Suite, Apt. #, etc.

City & State

**LONGWOOD FLORIDA**

Zip

**32779**

Country

**USA**

City & State

**LONGWOOD FLORIDA**

Zip

**32779**

Country

**USA**

4. FEI Number

**59-3410665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LUDINGTON, JAMES P  
 208 LYNTHURST CT  
 LONGWOOD FL 32779**

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.

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 \$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	PSD	<input type="checkbox"/> Delete
NAME	LUDINGTON, JAMES P	
STREET ADDRESS	208 LYNTHURST CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHEWCHUK, BAILEY	
STREET ADDRESS	1203 BROAD ST	
CITY-ST-ZIP	BELLINGHAM WA 98226	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALLOW, ROBERT	
STREET ADDRESS	12506 SLATER	
CITY-ST-ZIP	OVERLAND PARK KS 66213	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 law empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES P. LUDINGTON**

Date

Daytime Phone #

**3/27/01 4076027113**

045847

CR2E034 (10/00)