

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

003690 AV

DOCUMENT # P97000101866

1. Entity Name  
HTE-JALAN, INC.



FILED

03 APR 24 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
1000 BUSINESS CENTER DRIVE  
LAKE MARY FL 32746

Mailing Address  
1000 BUSINESS CENTER DRIVE  
LAKE MARY FL 32746

2. Principal Place of Business  
140 S. Arthur

3. Mailing Address

Suite, Apt. #, etc.  
Suite 400

Suite, Apt. #, etc.

City & State  
Spokane, WA

City & State

4. FEI Number  
59-3481502

Applied For  
Not Applicable

Zip  
99202

Country

Zip

Country

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

GORNTO, L A JR  
149 SOUTH RIDGEWOOD AVENUE  
SUITE #550  
DAYTONA BEACH FL 32114

Name  
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road

000018574570

City  
Plantation

05/08/03 01000-003 \*\*150-00  
FL 33324

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 *Margaret E. Routzahn*  
Signature, typed or printed name of registered agent and title if applicable.

MARGARET E. ROUTZAHN  
Special Assistant Secretary

DATE

4/23/03

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME LOUGHRY, JOSEPH M III  
STREET ADDRESS 3220 OAKMONT TERRACE  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE President ☒ Change ☐ Addition  
NAME Joseph M. Loughry, III  
STREET ADDRESS 1000 Business Center Drive  
CITY-ST-ZIP Lake Mary, FL 32746

TITLE VSAT ☒ Delete  
NAME GORNTO, L A JR  
STREET ADDRESS 149 SOUTH RIDGEWOOD AVENUE, STE 550  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE Director ☐ Change ☒ Addition  
NAME Michael K. Muratore  
STREET ADDRESS 600 Laurel Oak Road  
CITY-ST-ZIP Voorhees, NJ 80843

TITLE VTAS  
NAME FALOTICO, SUSAN D  
STREET ADDRESS 1724 FOUNTAINHEAD DR  
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE V. Pres., Treas., & Asst. Sec. ☒ Change ☐ Addition  
NAME Susan D. Falotico  
STREET ADDRESS 1000 Business Center Drive  
CITY-ST-ZIP Lake Mary, FL 32746

TITLE D ☒ Delete  
NAME GORNTO, L A JR  
STREET ADDRESS 149 SOUTH RIDGEWOOD AVENUE, STE 550  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE Director ☐ Change ☒ Addition  
NAME Lawrence A. Gross  
STREET ADDRESS 1285 Drummers Lane  
CITY-ST-ZIP Wayne, PA 19087

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition  
NAME Michael J. Ruane  
STREET ADDRESS 1285 Drummers Lane  
CITY-ST-ZIP Wayne, PA 19087

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition  
NAME Leslie S. Brush  
STREET ADDRESS 1285 Drummers Lane  
CITY-ST-ZIP Wayne, PA 19087

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Leslie S. Brush*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie S. Brush, Sec.

4/23/03

610-341-8700

Date

Daytime Phone #

CR2E034 (10/02)