## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P98000083411

1. Entity Name

**GXS CORPORATION** 



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90404 035 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						OD WE THE					
Suite. Apl. #_erc   Suite   Su	6260 N.W. 187	TH STREET	S	6260 N.W. 18TH STREET							
City & State  City & State  City & State  Country  Countr	2. Principal P	Place of Busin	ness	3. Mailing Address				1 (001/00) (10 (010) (0/1) 00/1) 00/1	i <b>18</b> 16 <b>18</b> 18 18	<b>180</b> 11111 <b>0100</b> 1 1	
No. Applicate	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
STANTON, GORDON F 6260 N.W. 18TH STREET POMPANO BEACH FI, 33080  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acc	City & State			City & State			4.	65-18681/h			
STANTON, GORDON F 6260 N.W. 18TH STREET POMPANO BEACH FL 33060  8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and acceptable)  SIGNATURE    Street Address   F.O. Box Number is Not Acceptable	Zip Country			Zip Country			5.	Certificate of Status Desired		8.75 Add	ditional
STANTON, GORDON F 6260 N.W. 18TH STREET POMPANO BEACH FL 33060  8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and acceptable)  SIGNATURE    Street Address   F.O. Box Number is Not Acceptable	6. Name and Address of Current			legistered Agent			7.	7. Name and Address of New Registered Agent			
8. The above period period agent.  SIGNATURE  8. The above period period agent.  SIGNATURE  10. TILLE NOW!!! FEE IS \$150.00  After May 1, 2003*Fee with the \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STANTON, GORDON F  STEET ADDRESS  CTY-51-2P  MARGATE FL'33060  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  MARGATE FL'33060  10. Delete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  MARGATE FL'33060  10. Delete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  MARGATE FL'33060  10. Delete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  NAME  STEET ADDRESS  CTY-51-2P  CTY-51							•				
POMPANO BEACH FL 33060  S. 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 access the obligations of registered agent.  SIGNATURE    Signature, lipied or private several several of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the calcular agent agen				Street Address			ess (P.O. I	(P.O. Box Number is Not Acceptable)			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIONATURE  Signatura typered registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1:2003 Fee with 6s \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OTHER ADDRESS  OTHY 51-2P  TITLE  MARGATE FL'33060  TITL											
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FILE NOW!! FEE IS \$150.00  After May 1, 2003 "F6e will '6e \$50.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DISTANTON, GORDON F  6260 N.W. 18TH STREET  MARGATE FL'33060  Delete  NAME  SIRRET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  TITLE  STREET ADDRESS  CITY-ST-2IP  TITLE  STREET ADDRESS  CITY-ST-2IP  TITLE  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  TITLE  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  C				r the purpose of changing its	registere	ed office or reg	istered ag	gent, or both, in the State of Flo	rida. I am fa	emiliar with,	and accept
After May 1, 2003 Fee will be \$550.00   Salve Make Check Payable to Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE   D   STANTON, GORDON F   Delete   NAME   STRETADORESS    6260 N.W. 18TH STREET   Delete   NAME   NAME   NAME    TITLE   NAME   STRETADORESS   CITY-ST-ZIP    TITLE   NAME   STRETADORESS   CITY-ST-ZIP    TITLE   Delete   NAME   NAME   STRETADORESS    CITY-ST-ZIP   Change   Additional Change   Add	SIGNATURE .	Signature, typed	or printed name of registered agent	and title it applicable. (NOTE	: Registere	d Agent signature red	quired when	reinstating)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	Afte	r May 1, 200	3 Fee will be \$550.00	f State	·	و پهمار المعدد . اما مساول ال					
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	TITLE NAME STREET ADDRESS			☐ Defete	TITLE NAMI STRE	E E ET ADDRESS				☐ Change	☐ Addition

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: 2

CONTACTOR AND ENDED ON DELIVED NAME OF SIGNAND OFFICER OR DIRECTOR

 $\approx 3/16/0$ 

Daytime Phone #