

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011596

Entity Name
ITE-PHOENIX SYSTEMS, INC.



FILED

03 APR 24 PM 1:16

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 220 Main St. South Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Southbury, CT		City & State	
Zip 06488	Country	Zip	Country
4. FEI Number 59-3560000		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GORNT, L.A. JR., ESQ 149-F S. RIDGEWOOD AVENUE SUITE 550 DAYTONA BEACH FL 32114		7. Name and Address of New Registered Agent Name C T Corporation System Street Address (B.O. Box Number is Not Acceptable) 1200 S. Pine Island Road 700012574507 05/08/03--01080--001 **150.00 City Plantation FL Zip Code 33324	
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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* MARGARET E. ROUTZAHN
Special Assistant Secretary
4/23/03
DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P LOUGHERY, JOSEPH M III 3220 OAKMONT TERRACE LONGWOOD FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph M. Loughry, III 1000 Business Center Drive Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSAT GORNT, L.A. JR 149 SOUTH RIDGEWOOD AVENUE, SUITE 550 DAYTONA BEACH FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Treasurer & Asst. Secretary Susan D. Falotico, 1000 Business Center Dr Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS FALOTICO, SUSAN D 1724 FOUNTAINHEAD DRIVE LAKE MARY FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Leslie S. Brush 1285 Drummers Lane Wayne, PA 19087 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael K. Muratore 600 Laurel Oak Road Voorhees, NJ 08043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lawrence A. Gross 1285 Drummers Lane Wayne, PA 19087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael J. Ruane 1285 Drummers Lane Wayne, PA 19087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Leslie S. Brush* Leslie S. Brush, Secretary 4/21/03 610-341-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0083546 AV

CR2E034 (10/02)