

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000033644

**Entity Name:** REZLINK INTERNATIONAL, INC.**Current Principal Place of Business:**6 SYLVAN WAY  
PARSIPPANY, NJ 07054**Current Mailing Address:**6 SYLVAN WAY  
PARSIPPANY, NJ 07054 US**FEI Number:** 59-3592430**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title SECRETARY  
Name KOEPKE, BRYON L  
Address 6 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title TREASURER, DIRECTOR  
Name WYSHNER, DAVID B  
Address 6 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name GARTLAND, THOMAS M  
Address 6 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title PRESIDENT  
Name BRUZZICHESI, GINA MARIE  
Address 6 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title AUTHORIZED SIGNER  
Name BOUTA, ROBERT F  
Address 6 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title ASST. SECRETARY  
Name GALLAGHER, PAUL  
Address 6 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT F BOUTA**AUTHORIZED SIGNER****04/21/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date