

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0014684 AT

04-01-2002 90602 030 ***158.75

DOCUMENT # **F01000006209**

1. Entity Name
PACOM SYSTEMS (NORTH AMERICA) INC.

Principal Place of Business Mailing Address
339 INTERSTATE BLVD 339 INTERSTATE BLVD
SARASOTA FL 34240 SARASOTA FL 34240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-2336000		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., STE 508 MIAMI FL 33156				Name <i>Michael Chilton</i>			
				Street Address (P.O. Box Number is Not Acceptable) <i>339 Interstate Blvd</i>			
				City <i>Sarasota</i>		FL	

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 *Michael Chilton* DATE *3/22/02*

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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURRAN, PATRICK			NAME	<i>Pat Curran</i>		
STREET ADDRESS	214 EAST 52ND STREET			STREET ADDRESS	<i>339 Interstate Blvd</i>		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	<i>Sarasota, FL 34240</i>		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STROHFELDT, GREGORY			NAME	<i>Strohfeldt, Gregory</i>		
STREET ADDRESS	214 EAST 52ND STREET			STREET ADDRESS	<i>339 Interstate Blvd</i>		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	<i>Sarasota, FL 34240</i>		
TITLE	V	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRANG, EDWIN			NAME	<i>Strang, Edwin</i>		
STREET ADDRESS	214 EAST 52ND STREET			STREET ADDRESS	<i>339 Interstate Blvd</i>		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	<i>Sarasota, FL 34240</i>		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIES, HYWEL			NAME	<i>Davies, Hywel</i>		
STREET ADDRESS	214 EAST 52ND STREET			STREET ADDRESS	<i>339 Interstate Blvd</i>		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	<i>Sarasota, FL 34240</i>		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCARTHY, KEVIN			NAME	<i>Michael Chilton</i>		
STREET ADDRESS	214 EAST 52ND STREET			STREET ADDRESS	<i>339 Interstate Blvd</i>		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	<i>Sarasota, FL 34240</i>		
TITLE	S	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERGERON, MARC			NAME	<i>Bergeron, Marc</i>		
STREET ADDRESS	214 EAST 52ND STREET			STREET ADDRESS	<i>339 Interstate Blvd</i>		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	<i>Sarasota, FL 34240</i>		

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 like empowered.

SIGNATURE: *Michael Chilton* *Michael Chilton* DATE *3/22/02* DAYTIME PHONE # *(941) 378-2523*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)