2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000004739

Entity Name: INSLOGIC CORPORATION

FILED Feb 05, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:					
350 BURNHAMTHORPE ROAD WEST, STE. 603 ATTN: ACCOUNTS PAYABLE MISSISSAUGA, ONTARIO L5B3J1, OC				11 TECHNOLOGY CIRCLE COLUMBIA, SC 29203					
Current Mailing Address:				New Mailing Address:					
350 BURNHAMTHORPE ROAD WEST, STE. 603 ATTN: ACCOUNTS PAYABLE MISSISSAUGA, ONTARIO L5B3J1, OC			11 TECHNOLOGY CIRCLE COLUMBIA, SC 29203						
FEI Number:	75-2834361	FEI Number Applied	For () FEI Num	nber Not Appli	icable ()	Certificate of Status Desired ()			
Name and	Address of Cu	ırrent Registered	Agent:	Name and	Address of N	ew Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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.									
SIGNATUR	E:								
	Electronic	Signature of Reg	stered Agent			Date	-		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:									
Title: Name: Address: City-St-Zip: Title: Name: Address:	BEREZI, PETER 2225 CALDWELL OAKVILLE, ONTA	ARIO L6H 6H6, Delete NALD		Title: Name: Address: City-St-Zip: Title: Name: Address:	BERCZI, PETER 2225 CALDWEL OAKVILLE, ON	L DRIVE			
City-St-Zip: Title: Name: Address: City-St-Zip:	KATZ, DAVID	Delete AVENUE, 3RD FLOOR		City-St-Zip: Title: Name: Address: City-St-Zip:	()	Change ()Addition			
Title: Name: Address: City-St-Zip:	D () E JANCAITIS, JOHN 11 PAGE STREE HINGHAM, MA 03	Т		Title: Name: Address: City-St-Zip:	P (X) FARRELL, TOM 9429 POLO CLU KNOXVILLE, TN	JB LANE			
Title: Name: Address: City-St-Zip:	D () E LEBLANC, ROBE 21 ASHFORD LAI NEWTOWN, CT	NE		Title: Name: Address: City-St-Zip:	()	Change () Addition			
Title: Name: Address: City-St-Zip:	D () E LEE, KEWSONG 86 SUNNY RIDGE HARRISON, NY	E ROAD		Title: Name: Address: City-St-Zip:	()	Change ()Addition			

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

	Electronic Cinnetons of Cinnica Officer on Director		D-1-
SIGNATURE:	DAVID KATZ	ST	02/05/2003