

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0083546 AV

DOCUMENT # P99000011596

Entity Name  
ITE-PHOENIX SYSTEMS, INC.



FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

|  |         |   |         |
|--|---------|---|---------|
| 1. Principal Place of Business<br>1000 BUSINESS CENTER DRIVE<br>LAKE MARY FL 32746 |         | Mailing Address<br>1000 BUSINESS CENTER DRIVE<br>LAKE MARY FL 32746 |         |
| 2. Principal Place of Business<br>220 Main St. South<br>Suite, Apt. #, etc.        |         | 3. Mailing Address<br>Suite, Apt. #, etc.                           |         |
| City & State<br>Southbury, CT  |         | City & State  |         |
| Zip<br>06488   | Country | Zip   | Country |
| 4. FEI Number<br>59-3560000  |         | Applied For<br>Not Applicable                                       |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                          |         | \$8.75 Additional Fee Required                                      |         |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br>GORNTO, L.A. JR.,ESQ<br>149-F S. RIDGEWOOD AVENUE<br>SUITE 550<br>DAYTONA BEACH FL 32114 |  | 7. Name and Address of New Registered Agent<br>Name<br>CT Corporation System<br>Street Address (BQ, Box Number is Not Acceptable)<br>1200 S. Pine Island Road<br>700012574507<br>05/08/03--01000--001 **150.00<br>City<br>Plantation FL Zip Code<br>33324 |  |
|---|--|---|--|

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  
Date 4/23/03  
(NOTE: Registered Agent signature required when reinstating)

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

CR2E034 (10/02)