2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 160269

1. Entity Name

ELECTRO-SYSTEMS CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -4 PM 4:08

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O MUZAK LLC ~~2901 THIRD AVE. SUITE 400~~ ~~SEATTLE WA 98121~~	C/O MUZAK LLC ~~2901 THIRD AVE. SUITE 400~~ ~~SEATTLE WA 98121~~

2. Principal Place of Business	3. Mailing Address
5550 77 CENTER DR.	5550 77 CENTER DR.
Suite, Apt. #, etc. STE 380	Suite, Apt. #, etc. STE 380
City & State CHARLOTTE, N.C.	City & State CHARLOTTE, N.C.
Zip: 28217 Country: MECKLENBURG	Zip: 28217 Country: MECKLENBURG

4. FEI Number 59-0626059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YUDKOFF, ROYCE C/O ABRY PARTNERS, INC. 18 NEWBURY ST. BOSTON MA 02116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO BOYD, WILLIAM 2901 THIRD AVENUE SEATTLE WA 98121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOYD, WILLIAM 5550 77 CENTER DR., STE 380 CHARLOTTE, N.C. 28217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS GARBER, PENI C/O ABRY PARTNERS, INC. 18 NEWBURY ST. BOSTON MA 02116	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600003422456--2 -10/12/00--01027--013 ****550.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP YUDKOFF, ROYCE C/O ABRY PARTNERS, INC. 18 NEWBURY ST. BOSTON MA 02116	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MACINNIS, ROBERT C/O ABRY PARTNERS, INC. 18 NEWBURY ST. BOSTON MA 02116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO SALDERINI, CHARLES A 2901 THIRD AVENUE BOSTON MA 02116	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CONTROLLER RILEY, ROBERT M. 5550 77 CENTER DR., STE 380 CHARLOTTE, NC 28226	☐ Change ☒ Addition

CR2E034 (5/00)

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: Robert M Riley Controller 9/13/00 (704)559-5277

SIGNATURE TYPED OR PRINTED AND TITLE OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #