

02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000599

1. Entity Name

Telecommunications Analysis Group, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12 Elmwood Rd

3. Mailing Address

12 Elmwood Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Menands NY

City & State

Menands NY

4. FEI Number

14-1827815

Applied For

Not Applicable

Zip

12204

Country

USA

Zip

12204

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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IN THIS SPACE

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

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	P.
NAME	Shawn P. Mahoney
STREET ADDRESS	14 Long Shadow Dr
CITY-ST-ZIP	Latham NY 12110
TITLE	S
NAME	Anthony Maney
STREET ADDRESS	1 Oriol Lane
CITY-ST-ZIP	Rensselaer NY 12144
TITLE	D
NAME	Patrick T. Maney Jr
STREET ADDRESS	162 Elliot Rd
CITY-ST-ZIP	East Greenbush, NY 12061
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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****150.00 ****150.00

DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick T. Maney Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/02 (510) 292-6550
Date Daytime Phone #

CR2E034B (12/01)