

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90074 029 \*\*\*150.00

**DOCUMENT # F00000000732**

1. Entity Name

**MAPQUEST.COM, INC.**

Principal Place of Business

**3710 HEMPLAND ROAD  
 MOUNTVILLE PA 17554**

Mailing Address

**3710 HEMPLAND ROAD  
 MOUNTVILLE PA 17554**

2. Principal Place of Business

3. Mailing Address

**22000 AOL Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Dulles, VA**

4. FEI Number

**36-3949110**

Applied For

Not Applicable

Zip

Country

Zip

Country

**20166**

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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          | PD                   | <input type="checkbox"/> Delete            |
| NAME           | MULLIGAN, MICHAEL    |  |
| STREET ADDRESS | 3710 HEMPLAND ROAD   |  |
| CITY-ST-ZIP    | MOUNTVILLE PA 17554  |  |
| TITLE          | VST                  | <input type="checkbox"/> Delete            |
| NAME           | THOMAS, JAMES        |  |
| STREET ADDRESS | 3710 HEMPLAND ROAD   |  |
| CITY-ST-ZIP    | MOUNTVILLE PA 17554  |  |
| TITLE          | ASAT                 | <input checked="" type="checkbox"/> Delete |
| NAME           | BINFORD, ROBERT      |  |
| STREET ADDRESS | 3710 HEMPLAND ROAD   |  |
| CITY-ST-ZIP    | MOUNTVILLE PA 17554  |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | MCCORMACK, ROBERT C  |  |
| STREET ADDRESS | 3710 HEMPLAND ROAD   |  |
| CITY-ST-ZIP    | MOUNTVILLE PA 17554  |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | MORAGNE, JOHN H      |  |
| STREET ADDRESS | 3710 HEMPLAND ROAD   |  |
| CITY-ST-ZIP    | MOUNTVILLE PA 17554  |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | VON SCHROETER, CARLO |  |
| STREET ADDRESS | 3710 HEMPLAND ROAD   |  |
| CITY-ST-ZIP    | MOUNTVILLE PA 17554  |  |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | VP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Mulligan, Michael     |  |
| STREET ADDRESS | 3710 Hempland Road    |  |
| CITY-ST-ZIP    | Mountville, PA 17554  |  |
| TITLE          | VP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Thomas, James         |  |
| STREET ADDRESS | 3710 Hempland Road    |  |
| CITY-ST-ZIP    | Mountville, PA 17554  |  |
| TITLE          | VP and Treasurer      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Joseph A. Ripp        |  |
| STREET ADDRESS | 22000 AOL Way         |  |
| CITY-ST-ZIP    | Dulles, VA 20166      |  |
| TITLE          | VP and Secretary      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Randall J. Boe        |  |
| STREET ADDRESS | 22000 AOL Way         |  |
| CITY-ST-ZIP    | Dulles, VA 20166      |  |
| TITLE          | Assistant Secretary   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Katherine E. Wychulis |  |
| STREET ADDRESS | 22000 AOL Way         |  |
| CITY-ST-ZIP    | Dulles, VA 20166      |  |
| TITLE          | President and CEO     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Theodore J. Leonis    |  |
| STREET ADDRESS | 22000 AOL Way         |  |
| CITY-ST-ZIP    | Dulles, VA 20166      |  |

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:

**Katherine E. Wychulis, Asst. Sec 3/8/01 703/265-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0596522

CR2E034 (10/00)