

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/3

0620810 AT

DOCUMENT # F00000001465

1. Entity Name
COMPUERVE INTERACTIVE SERVICES, INC.



FILED

03 APR 29 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

03

Principal Place of Business
5000 ARLINGTON CENTER BLVD
COLUMBUS OH 43220

Mailing Address
22000 AOL WAY
DULLES VA 20166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 54-1881008

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

600017307086

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	AS WYCHUL, KATHERINE E 22000 AOL WAY DULLES VA 20166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOE, RANDALL J 22000 AOL WAY DULLES VA 20166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIPP, JOSEPH A 2200 AOL WAY DULLES VA 20166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIG, ALEXANDER M JR 2200 AOL WAY DULLES VA 20166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC MCCLAIN, BRIAN N 22000 AOL WAY DULLES VA 20166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTSCHERER, MICHAEL 22110 PACIFIC BLVD. DULLES VA 20166	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joel M. Davidson 5000 Arlington Centre Blvd. Columbus, OH 43220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/VP/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/VP/Treasurer Stephen M. Swad 22000 AOL Way Dulles, VA 20166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Curtis P. Lu 22000 AOL Way Dulles, VA 20166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John E. Hunt 22260 Pacific Blvd. Dulles, VA 20166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Frank R. Marvin 22260 Pacific Blvd. Dulles, VA 20166	<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:

Curtis P. Lu
Curtis P. Lu
Assistant Secretary

April 28, 2003

703-265-2545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

COMPUSERVE INTERACTIVE SERVICES, INC.
ADDITIONAL OFFICERS
F00000001465

Michael S. Bloom

Vice President
22000 AOL Way
Dulles, VA 20166

Stephen Schram

Vice President
5000 Arlington Centre Blvd.
Columbus, OH 43220

Thomas R. Colan

Senior Vice President, Controller
And Treasurer
22000 AOL Way
Dulles, VA 20166

Philip J. Hoey

Vice President and Assistant
Treasurer
5000 Arlington Centre Blvd.
Columbus, OH 43220

Annaliese Kambour

Vice President and Assistant
Treasurer
75 Rockefeller Plaza
New York, NY 10019

Diane Rohelder

Assistant Treasurer
22000 AOL Way
Dulles, VA 20166

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 072601 4392002

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2003

ORDER TIME : 10:12 AM

ORDER NO. : 072601-005

CUSTOMER NO: 4392002

CUSTOMER: Donna Mullin, Legal Asst
America Online Inc.
22000 Aol Way

Dulles, VA 20166-9323

ANNUAL REPORT FILING

NAME: COMPUSERVE INTERACTIVE
SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____

RECEIVED
03 APR 29 PM 12:01
DIVISION OF CORPORATION