

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000003516**1. Entity Name
OPTIGLOBE COMMUNICATIONS, INC.

Principal Place of Business

7475 WISCONSIN AVENUE, SUITE 600

BETHESDA
20814

MD

Mailing Address

7475 WISCONSIN AVENUE, SUITE 600

BETHESDA
20814

MD

2. Principal Place of Business

7475 WISCONSIN AVENUE

3. Mailing Address

7475 WISCONSIN AVENUE

Suite, Apt. #, etc.
SUITE 600Suite, Apt. #, etc.
SUITE 600

City & State

BETHESDA

MD

City & State

BETHESDA

MD

Zip
20814

Country

Zip
20814

Country

4. FEI Number

52-2197192

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

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 _____ **09/11/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete
NAME	GLASER HERBERT A	
STREET ADDRESS	7475 WISCONSIN AVENUE, SUITE 600	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FLAX-DAVIDSON RON H	
STREET ADDRESS	7475 WISCONSIN AVENUE, SUITE 600	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CRAIG KRISTI W	
STREET ADDRESS	7475 WISCONSIN AVENUE, SUITE 600	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	VCP	<input type="checkbox"/> Delete
NAME	SALVATIERRA JORGE	
STREET ADDRESS	7475 WISCONSIN AVENUE, SUITE 600	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	C	<input type="checkbox"/> Delete
NAME	PURITZ SCOTT	
STREET ADDRESS	7475 WISCONSIN AVENUE, SUITE 600	
CITY-ST-ZIP	BETHESDA MD 20814	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLESPIE PAUL R	
STREET ADDRESS	7475 WISCONSIN AVE SUITE 600	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASER HERBERT A	
STREET ADDRESS	7475 WISCONSIN AVENUE, SUITE 600	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGLEY JAMES	
STREET ADDRESS	7475 WISCONSIN AVENUE, SUITE 600	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG KRISTI W	
STREET ADDRESS	7475 WISCONSIN AVENUE, SUITE 600	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSE ROBERT	
STREET ADDRESS	7475 WISCONSIN AVENUE, SUITE 600	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURITZ SCOTT	
STREET ADDRESS	7475 WISCONSIN AVENUE, SUITE 600	
CITY-ST-ZIP	BETHESDA MD 20814	

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: PAUL R GILLESPIE

VP

09/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)