

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90085 027 \*\*\*150.00

**DOCUMENT # F00000006787**

**1. Entity Name**  
**ADELPHIA BUSINESS SOLUTIONS OPERATIONS, INC.**



**Principal Place of Business**  
**1 NORTH MAIN STREET**  
**COUDERSPORT PA 16915**

**Mailing Address**  
**1 NORTH MAIN STREET**  
**COUDERSPORT PA 16915**

**2. Principal Place of Business**  
*712 North Main St.*  
Suite, Apt. #, etc.

**3. Mailing Address**  
*712 North Main St.*  
Suite, Apt. #, etc.

**City & State**  
*Coudersport, PA.*  
**Zip** *16915* **Country** *Potter*

**City & State**  
*Coudersport, PA.*  
**Zip** *16915* **Country** *Potter*

**4. FEI Number** **25-1669404**

**Applied For**  
☐ **Not Applicable**

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

☐ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

|                       |                              |                                 |
|-----------------------|------------------------------|---------------------------------|
| <b>TITLE</b>          | <b>CD</b>                    | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>RIGAS, JOHN J</b>         |                                 |
| <b>STREET ADDRESS</b> | <b>1 NORTH MAIN STREET</b>   |                                 |
| <b>CITY-ST-ZIP</b>    | <b>COUDERSPORT PA 16915</b>  |                                 |
| <b>TITLE</b>          | <b>VD</b>                    | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>RIGAS, MICHAEL J</b>      |                                 |
| <b>STREET ADDRESS</b> | <b>1 NORTH MAIN STREET</b>   |                                 |
| <b>CITY-ST-ZIP</b>    | <b>COUDERSPORT PA 16915</b>  |                                 |
| <b>TITLE</b>          | <b>PD</b>                    | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>RIGAS, JAMES P</b>        |                                 |
| <b>STREET ADDRESS</b> | <b>1 NORTH MAIN STREET</b>   |                                 |
| <b>CITY-ST-ZIP</b>    | <b>COUDERSPORT PA 16915</b>  |                                 |
| <b>TITLE</b>          | <b>VTD</b>                   | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>RIGAS, TIMOTHY J</b>      |                                 |
| <b>STREET ADDRESS</b> | <b>1 NORTH MAIN STREET</b>   |                                 |
| <b>CITY-ST-ZIP</b>    | <b>COUDERSPORT PA 16915</b>  |                                 |
| <b>TITLE</b>          | <b>VAS</b>                   | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>BABCOCK, EDWARD E JR.</b> |                                 |
| <b>STREET ADDRESS</b> | <b>1 NORTH MAIN STREET</b>   |                                 |
| <b>CITY-ST-ZIP</b>    | <b>COUDERSPORT PA 16915</b>  |                                 |
| <b>TITLE</b>          | <b>VAS</b>                   | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>GLICKSMAN, JOHN B</b>     |                                 |
| <b>STREET ADDRESS</b> | <b>1 NORTH MAIN STREET</b>   |                                 |
| <b>CITY-ST-ZIP</b>    | <b>COUDERSPORT PA 16915</b>  |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |  |  |
|-----------------------|--|--|
| <b>TITLE</b>          | <b>PD</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | <b>ROBERT GUTH</b>                           |  |
| <b>STREET ADDRESS</b> | <b>121 CHAMPION WAY CANONSBURG, PA 15315</b> |  |
| <b>CITY-ST-ZIP</b>    | <b>PA 15315</b>                              |  |
| <b>TITLE</b>          | <b>VAS</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | <b>JOHN B. GLICKSMAN</b>                     |  |
| <b>STREET ADDRESS</b> | <b>712 NORTH MAIN STREET</b>                 |  |
| <b>CITY-ST-ZIP</b>    | <b>COUDERSPORT, PA 16915</b>                 |  |
| <b>TITLE</b>          | <b>VAS</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | <b>EDWARD E. BABCOCK, JR.</b>                |  |
| <b>STREET ADDRESS</b> | <b>712 NORTH MAIN STREET</b>                 |  |
| <b>CITY-ST-ZIP</b>    | <b>COUDERSPORT, PA 16915</b>                 |  |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |  |  |
| <b>STREET ADDRESS</b> |  |  |
| <b>CITY-ST-ZIP</b>    |  |  |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |  |  |
| <b>STREET ADDRESS</b> |  |  |
| <b>CITY-ST-ZIP</b>    |  |  |

**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:** *John B. Glicksman* **814-260-2600**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2034 (10/02)