

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90976 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000004648

1. Entity Name
TREX COMMUNICATIONS, INC.



Principal Place of Business
191 GODWIN AVENUE
WYCKOFF, NJ 07481

Mailing Address
191 GODWIN AVENUE
WYCKOFF, NJ 07481

11021794



2. Principal Place of Business
3. Mailing Address
1720 Windward Concourse

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 250

City & State

City & State
Alpharetta, GA

4. FEI Number
22-3795791

Applied For
Not Applicable

Zip

Country

Zip
30005

Country
Forsyth

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

6. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

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 date if applicable

(NOTE: Registered Agent Signature required when reappointing)

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

TITLE PD
NAME SNAPPER, RUSSELL
STREET ADDRESS 191 GODWIN AVENUE
CITY-ST-ZIP WYCKOFF, NJ ☐ Delete

TITLE VD
NAME SCHAFFER, BRAD
STREET ADDRESS 191 GODWIN AVENUE
CITY-ST-ZIP WYCKOFF, NJ 07481 ☐ Delete

TITLE STD
NAME SNAPPER, STACY
STREET ADDRESS 191 GODWIN AVENUE
CITY-ST-ZIP WYCKOFF, NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 or without like empowered.

SIGNATURE

Sumell Krapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 2015601717

DATE

Daytime Phone #

CR25034 (10/02)