

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90320 028 ***158.75

DOCUMENT # F01000005679

1. Entity Name
VOCOLLECT, INC.

Principal Place of Business
701 RODI ROAD, SUITE 200
PITTSBURGH PA 15235

Mailing Address
701 RODI ROAD, SUITE 200
PITTSBURGH PA 15235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-1554121

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

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.

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, 2002 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

TITLE **P** ☐ Delete
NAME **BYFORD, ROGER G**
STREET ADDRESS **612 MONROE COURT**
CITY-ST-ZIP **APOLLO PA 15613**

TITLE **V** ☒ Delete
NAME **GABRIN, MICHAEL J**
STREET ADDRESS **704 LYONS VIEW COURT**
CITY-ST-ZIP **MURRYSVILLE PA 15668**

TITLE **VCFO** ☐ Delete
NAME **DEMPSTER, VAUGHN R**
STREET ADDRESS **123 BEAVER SLIDE DRIVE**
CITY-ST-ZIP **DRUMS PA 18222**

TITLE **V** ☐ Delete
NAME **SWEENEY, LAWRENCE R**
STREET ADDRESS **6806 KEVIN DRIVE**
CITY-ST-ZIP **BETHEL PARK PA 15102**

TITLE **V** ☐ Delete
NAME **DAVIS, MICHAEL**
STREET ADDRESS **117 VICTORIA DRIVE**
CITY-ST-ZIP **WHITE OAK PA 15131**

TITLE **CD** ☐ Delete
NAME **BYFORD, ROBERT G**
STREET ADDRESS **701 RODI ROAD**
CITY-ST-ZIP **PITTSBURGH PA 15235**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **CONTROLLER** ☐ Change ☒ Addition
NAME **ANTHONY R. PETROY**
STREET ADDRESS **1003 OLD GATE ROAD**
CITY-ST-ZIP **PITTSBURGH, PA 15235**

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

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

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2002
Date

412-349-2520
Daytime Phone #

CR2E034 (9/01)