

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91158 041 ***150.00

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

DOCUMENT # F01000006388

1. Entity Name
TELESECTOR RESOURCES GROUP, INC.



Principal Place of Business
1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

Mailing Address
1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

11041359



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
13-3180910

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 NOV 11. 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
PCED
DOWELL, GEORGE S
240E 38 1237 E 37 STREET, ROOM 23001
NEW YORK, NY 10016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCED
Dowell, George S.
240 E. 38/237 E. 37 Street, Room 23001
New York, NY 10016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GRAFTON, BARBARA E
1095 AVE. OF THE AMERICAS, ROOM 3877
NEW YORK, NY 10036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Grafton, Barbara E.
1717 Arch St, 325 Floor
Philadelphia, PA 19103 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONT
HALL, EDWIN F
1717 ARCH STREET, 46TH FLOOR
PHILADELPHIA, PA 19103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Olson, Neil D
1717 Arch Street, 47W Floor
Philadelphia, PA 19103 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
OLSON, NEIL D
1717 ARCH STREET, 46TH FLOOR
PHILADELPHIA, PA 19103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Olson, Neil D
1717 Arch Street, 47W Floor
Philadelphia, PA 19103 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATHIS, MARK J
1515 N. COURTHOUSE ROAD, ROOM 500
ARLINGTON, VA 22201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP - TAXES
McGeever, Joseph J.
1717 Arch Street, 15th Floor
Philadelphia, PA 19103 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GCSL
LEE, PATRICK A
1095 AVE. OF THE AMERICAS, ROOM 3836
NEW YORK, NY 10036 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP - TAXES
McGeever, Joseph J.
1717 Arch Street, 15th Floor
Philadelphia, PA 19103 ☐ 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)(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:

Joseph J. McGeever
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 (215)963-6365
Date Daytime Phone #

CR2E034 (10/02)