

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-03-2003 90849 006 \*\*\*150.00

**DOCUMENT # F02000000442**

1. Entity Name

**GENIE ACCESS SERVICES, INC.**



Principal Place of Business

**18340 N.E. 76TH STREET  
REDMOND WA 98052**

Mailing Address

**P.O. BOX 9730  
REDMOND WA 98073-9730**

2. Principal Place of Business

3. Mailing Address

**500 Post Rd East**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 320**

City & State

City & State

**Westport CT**

Zip

Country

Zip

Country

**06880**

**US**

4. FEI Number

**91-2073567**

Applied For

Not Applicable

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

**CSC  
1201 Hays Street  
Tallahassee, FL 32301**

**CSC  
1201 Hays Street  
Tallahassee, FL 32301**

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

*already in System*

**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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKERSON, ROBERT R 18340 N.E. 76TH STREET REDMOND WA 98052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, F. ROGER 18340 N.E. 76TH STREET REDMOND WA 98052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ISOM, TERRY A 18340 N.E. 76TH STREET REDMOND WA 98052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACKES, MICHAEL 18340 N.E. 76TH STREET REDMOND WA 98052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNOLL, JEROME C 18340 N.E. 76TH STREET REDMOND WA 98052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD BUSHNELL, S. WARD III 18340 N.E. 76TH STREET REDMOND WA 98052	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary Eric I. Cohen 500 Post Rd, Suite 320 Westport, CT 06880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Finance Philip C. Widman 500 Post Rd East, Suite 320 Westport, CT 06880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

*Eric I. Cohen* **2/28/03** **(203) 222-5707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)