

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90141 040 \*\*\*550.00

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**DOCUMENT # F02000004386**

1. Entity Name

**GABRIEL COMMUNICATIONS FINANCE COMPANY**



Principal Place of Business  
**16090 SWINGLEY RIDGE ROAD, SUITE 500  
CHESTERFIELD MO 63017**

Mailing Address  
**16090 SWINGLEY RIDGE ROAD, SUITE 500  
CHESTERFIELD MO 63017**

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 **43-1861146**

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

7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  Delete  
NAME **CD SOLOMON, DAVID L**  
STREET ADDRESS **16090 SWINGLEY RIDGE ROAD, SUITE 500**  
CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE  Change  Addition  
NAME **VP John P. DENNEEN**  
STREET ADDRESS **16090 Swingley Ridge Rd Ste 500**  
CITY-ST-ZIP **Chesterfield MO 63017**

TITLE  Delete  
NAME **D HOUSER, CHARLES S**  
STREET ADDRESS **16090 SWINGLEY RIDGE ROAD, SUITE 500**  
CITY-ST-ZIP **CHESTERFIELD MO. 63017**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **V DANNENBRINK, TERRY L**  
STREET ADDRESS **301 N. MAIN STREET, SUITE 5000**  
CITY-ST-ZIP **GREENVILLE SC 29601**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **V FAUST, DOUGLAS W**  
STREET ADDRESS **16090 SWINGLEY RIDGE ROAD, SUITE 500**  
CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PCOO CASSITY, G. MICHAEL**  
STREET ADDRESS **16090 SWINGLEY RIDGE ROAD, SUITE 500**  
CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VCFO WEBSTER, RONALD D**  
STREET ADDRESS **16090 SWINGLEY RIDGE ROAD, SUITE 500**  
CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

**Douglas W. Faust 7/10/03 6365377379**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)