

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90021 042 ***150.00

DOCUMENT # F93000004788

1. Entity Name
EASTERN TELEPHONE SYSTEMS, INC.

Principal Place of Business 1300 VIRGINIA DRIVE SUITE 330 FT. WASHINGTON PA 19034 US	Mailing Address 1300 VIRGINIA DRIVE SUITE 330 FT. WASHINGTON PA 19034 US
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2. Principal Place of Business	3. Mailing Address <i>200 W. Market St</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>York PA</i>	City & State <i>PA</i>	4. FEI Number 23-2216998	Applied For <input type="checkbox"/> Not Applicable
Zip <i>17401</i>	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANTON, EDWIN F
 825 THOMASVILLE ROAD
 TALLAHASSEE FL 32303**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE <i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STRAW, ROBERT		NAME <i>George V. Kingsbury</i>	
STREET ADDRESS 1300 VIRGINIA DR., #220		STREET ADDRESS <i>200 W. Market St</i>	
CITY-ST-ZIP FT WASHINGTON PA 19034		CITY-ST-ZIP <i>York, PA 17401</i>	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DALZELL-STRAW, SHARON		NAME	
STREET ADDRESS 1300 VIRGINIA DR., #220		STREET ADDRESS	
CITY-ST-ZIP FT WASHINGTON PA 19034		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ Date: *2-16-01* Daytime Phone #: *717-848-8801*

CR2E034 (10/00)