

5/3/01

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90082 040 \*\*\*150.00

**DOCUMENT # F94000002234**

1. Entity Name

**NEOCOMM OF DELAWARE, INC.**

Principal Place of Business

633 NORTH ORANGE AVE  
ORLANDO FL 32801-1349

Mailing Address

435 N. MICHIGAN AVE.  
SUITE #600  
CHICAGO IL 60611-4001  
US

48050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3227208**

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 33324Name  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City  
**Tallahassee**

FL

Zip Code  
**32301**

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 by: Margaret Pike, Asst Secretary  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/23/01  
DATE9. 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PUERNER, JOHN P	
STREET ADDRESS	633 NORTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KENNEY, CRANE H	
STREET ADDRESS	435 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	DAT	<input type="checkbox"/> Delete
NAME	DARDEN, RICHARD E	
STREET ADDRESS	633 N ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHAVEZ, ROBERT	
STREET ADDRESS	633 NORTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801-1349	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waltz, Kathleen M.	
STREET ADDRESS	633 N. Orange Ave.	
CITY-ST-ZIP	Orlando, FL 32802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Crane H. Kenney 4-20-2001 312-222-3277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)