

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90001 020 ***550.00

DOCUMENT # F94000006342

1. Entity Name

EASTON TELECOM SERVICES INC.

LA

Principal Place of Business

4646 W. STREETBORO DR
P.O. BOX 550
RICHFIELD OH 44286
US

Mailing Address

4646 W. STREETBORO ROAD
P.O. BOX 550
RICHFIELD OH 44286

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SUMMIT II UNIT A
Suite, Apt. #, etc.

3046 BRECKSVILLE RD

RICHFIELD OH

44286

USA

3. Mailing Address

SUMMIT II UNIT A
Suite, Apt. #, etc.

3046 BRECKSVILLE RD

RICHFIELD OH

44286

USA

4. FEI Number **34-1713206**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	MOCAS, ROBERT E	
STREET ADDRESS	291 TIMBERLANE RD.	
CITY-ST-ZIP	NORTHFIELD OH 44067	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HARRIS, LAURENCE E	
STREET ADDRESS	8065 LEESBURG PIKE STE 400	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, ABRAHAM L	
STREET ADDRESS	8065 LEESBURG PIKE STE 400	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman and CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alex S Mandl	
STREET ADDRESS	8065 Leesburg Pike Suite 400	
CITY-ST-ZIP	Vienna, VA 22182	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven F Bell	
STREET ADDRESS	8065 Leesburg Pike Suite 400	
CITY-ST-ZIP	Vienna, VA 22182	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stuart H Kupinsky	
STREET ADDRESS	8065 Leesburg Pike Suite 400	
CITY-ST-ZIP	Vienna, VA 22182	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara A Sweasy	
STREET ADDRESS	8065 Leesburg Pike Suite 400	
CITY-ST-ZIP	Vienna, VA 22182	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Victoria A Schlesinger	
STREET ADDRESS	8065 Leesburg Pike Suite 400	
CITY-ST-ZIP	Vienna, VA 22182	

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:

Barbara A Sweasy **Barbara A Sweasy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

(703) 762-5100

Daytime Phone #

CR2E034 (10/00)