

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90060 013 ***158.75

DOCUMENT # F95000003921

1. Entity Name
VERSALINK, INC.

Principal Place of Business
**101 EAST STATE STREET
KENNETT SQUARE PA 19348
US**

Mailing Address
**101 EAST STATE STREET
KENNETT SQUARE PA 19348
US**

00023200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-1482283**

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 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, MICHAEL R	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, RICHARD R	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAGER, GEORGE V JR	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCKEON, JAMES V	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GUERNICK, IRA C	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	T	<input type="checkbox"/> Delete
NAME	KUHNLE, KENNETH R	
STREET ADDRESS	148 WEST STATE ST	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James V. McKeon 1-10-01 610-444-6350

CR2E034 (10/00)