

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004651

1. Entity Name

COMSIS MOBILITY SERVICES, INC.

FILED

00 SEP 25 PM 2:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2000 OXFORD DRIVE
SUITE 430
BETHEL PARK PA 15102

Mailing Address

2000 OXFORD DRIVE
SUITE 430
BETHEL PARK PA 15102

2. Principal Place of Business

2000 Oxford Drive

3. Mailing Address

2000 Oxford Drive

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Bethel Park, PA

City & State

Bethel Park, PA

Zip

15102

Country

USA

Zip

15102

Country

USA

4. FEI Number

25-1768941

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☒ Delete
NAME FERTAL, MARTIN J
STREET ADDRESS 2000 OXFORD DRIVE SUITE 430
CITY-ST-ZIP BETHEL PARK PA 15102

TITLE V ☐ Delete
NAME WILLIAMS, JEANNE
STREET ADDRESS 2000 OXFORD DRIVE SUITE 430
CITY-ST-ZIP BETHEL PARK PA 15102

TITLE ST ☒ Delete
NAME SALES, JEROME W
STREET ADDRESS 2000 OXFORD DRIVE SUITE 430
CITY-ST-ZIP BETHEL PARK PA 15102

TITLE C ☒ Delete
NAME LEE, CLARENCE W
STREET ADDRESS 2000 OXFORD DRIVE SUITE 430
CITY-ST-ZIP BETHEL PARK PA 15102

TITLE VC ☒ Delete
NAME ALYASSINI, AMIR
STREET ADDRESS 2000 OXFORD DRIVE SUITE 430
CITY-ST-ZIP BETHEL PARK PA 15102

TITLE C ☐ Delete
NAME VAN DERA, TERRY
STREET ADDRESS ONE MID AMERICA PLAZA-#401
CITY-ST-ZIP OAKBROOK TERRACE IL 60181-7320

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President & CEO ☐ Change ☒ Addition
NAME James Long
STREET ADDRESS 2000 Oxford Drive Suite 400
CITY-ST-ZIP Bethel Park, PA 15102

TITLE ☒ Change ☒ Addition
NAME John Hooft
STREET ADDRESS 14275 Midway Road, Suite 220
CITY-ST-ZIP Dallas, TX 75244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E034 (5/00)