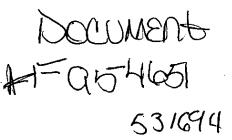
## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # F9500004651 1. Entity Name COMSIS MOBILITY SERVICES, INC. 04-17-2001 90106 007 \*\*\*150.00 Principal Place of Business Mailing Address 2000 OXFORD DRIVE 2000 OXFORD DRIVE SUITE 400 Suite 400 BETHEL PARK PA 15102 BETHEL PARK PA 15102 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 25-1768941 City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PCEO** Change ☐ Addition ☐ Delete TITLE TITLE LONG, JAMES NAME NAME 2000 OXFORD DRIVE SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BETHEL PARK PA 15102** CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE WILLIAMS, JEANNE NAME NAME 2000 OXFORD DRIVE SUITE 430 STREET ADDRESS STREET ADDRESS BETHEL PARK PA 15102 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete Hoeft John HAEFT, JOHN-NAME 14275 MIDWAY ROAD, SUITE 220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS TX 75244 CITY-ST-ZIP Change Addition ☐ Delete TITLE van deraa, terry NAME ONE MID AMERICA PLAZA-#401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAKBROOK TERRACE IL 60181-7320 CITY-ST-ZIP Addition ☐ Change TIT! F □ Delete TITLE Joel Hargis Suite 700 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Palm Beach Gardens CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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





## **BUSINESS PROFILE**

In order to comply with existing IRS requirements for 1099 reporting, as well as to prepare for the proposed extension of those reporting requirements, we are updating our vendor information file. Please assist us by completing this brief form and returning it to us.

Company Name:		<del></del>
If your business operates under a trade name, plea tax identification number/social security you are p	ase provide the name IRS associates with the	
Address (Corporate Headquarters):		
City/State/ZipCode:		_
Telephone Number:	_ Fax Number:	_
Incorporated: Yes No	State Incorporated	_
Tax ID or Social Security No.		معاضا والمداري والميد
Remittance address if different from above:		
Address:		
City/State/Zip Code:	-	
Contact Person:	Title:	
Vendor further agrees to advise ATC. of any significant	ficant changes, which occur hereafter.	
Certified By (Sign):	Name:	
Title:	Date:	

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