

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000004651**

1. Entity Name

**COMSIS MOBILITY SERVICES, INC.****FILED****Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90106 007 \*\*\*150.00

Principal Place of Business

Mailing Address

**2000 OXFORD DRIVE  
SUITE 400  
BETHEL PARK PA 15102****2000 OXFORD DRIVE  
SUITE 400  
BETHEL PARK PA 15102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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****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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
LONG, JAMES  
2000 OXFORD DRIVE SUITE 400  
BETHEL PARK PA 15102** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
WILLIAMS, JEANNE  
2000 OXFORD DRIVE SUITE 430  
BETHEL PARK PA 15102** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HAEFT, JOHN  
14275 MIDWAY ROAD, SUITE 220  
DALLAS TX 75244** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Haeft, John** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
VAN DERA, TERRY  
ONE MID AMERICA PLAZA-#401  
OAKBROOK TERRACE IL 60181-7320** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
Joel Hargis  
4400 PGA Blvd. Suite 700  
Palm Beach Gardens, FL 33410** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 (10/00)

Document  
#F-954651  
531694



## 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: \_\_\_\_\_

If your business operates under a trade name, please provide the name IRS associates with the tax identification number/social security you are providing below:

Address (Corporate Headquarters): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Incorporated: Yes ☐ No ☐ State Incorporated \_\_\_\_\_

Tax ID or Social Security No. \_\_\_\_\_

Remittance address if different from above:

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Vendor further agrees to advise ATC. of any significant changes, which occur hereafter.

Certified By (Sign): \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

0051DEPT