

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90410 017 ***150.00

0619728 AT

DOCUMENT # F95000004651

1. Entity Name
COMSIS MOBILITY SERVICES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-1768941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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, 2002 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 ☐ Delete
 NAME **PCEO**
 STREET ADDRESS **LONG, JAMES**
 CITY-ST-ZIP **2000 OXFORD DRIVE SUITE 400**
BETHEL PARK PA 15102

TITLE ☒ Change ☐ Addition
 NAME **Long, James**
 STREET ADDRESS **2015 Spring Road Suite 750**
 CITY-ST-ZIP **Oakbrook, IL 60523**

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

TITLE ☒ Change ☐ Addition
 NAME **Williams, Jeanne**
 STREET ADDRESS **2000 Oxford Drive Suite 400**
 CITY-ST-ZIP **Bethel Park, PA 15102**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **HOEFT, JOHN**
 CITY-ST-ZIP **14275 MIDWAY ROAD, SUITE 220**
DALLAS TX 75244

TITLE ☐ Change ☐ Addition
 NAME **[Blank]**
 STREET ADDRESS **[Blank]**
 CITY-ST-ZIP **[Blank]**

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

TITLE ☒ Change ☐ Addition
 NAME **Vanderaa, Terry**
 STREET ADDRESS **2015 Spring Road Suite 600**
 CITY-ST-ZIP **Oakbrook, IL 60523**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **HARGIS, JOEL**
 CITY-ST-ZIP **4400 PGA BLVD STE 700**
PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☐ Addition
 NAME **[Blank]**
 STREET ADDRESS **[Blank]**
 CITY-ST-ZIP **[Blank]**

TITLE ☐ Delete
 NAME **[Blank]**
 STREET ADDRESS **[Blank]**
 CITY-ST-ZIP **[Blank]**

TITLE ☐ Change ☒ Addition
 NAME **Barnes, Chuck**
 STREET ADDRESS **3007 White Rock Drive**
 CITY-ST-ZIP **Austin, TX 78757**

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:

Jeanne Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

412-854-6940

Date

Daytime Phone #

CR2E034 (9/01)