

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000004651**

1. Entity Name  
**COMSIS MOBILITY SERVICES, INC.**



**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90191 011 \*\*\*550.00

0145470 AB

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

**2015 SPRING ROAD**

Suite, Apt. #, etc.  
**SUITE 750**

City & State  
**OAK BROOK IL**

Zip Country  
**60523**

3. Mailing Address

**2015 SPRING ROAD**

Suite, Apt. #, etc.  
**SUITE 750**

City & State  
**OAK BROOK IL**

Zip Country  
**60523**



☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PCEO** ☐ Delete  
NAME **LONG, JAMES**  
STREET ADDRESS **2015 SPRING RD STE 750**  
CITY-ST-ZIP **OAKBROOK IL 60523**

TITLE **V** ☐ Delete  
NAME **WILLIAMS, JEANNE**  
STREET ADDRESS **2000 OXFORD DRIVE STE 400**  
CITY-ST-ZIP **BETHEL PARK PA 15102**

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

TITLE **C** ☐ Delete  
NAME **VAN DERA, TERRY**  
STREET ADDRESS **2015 SPRING ROAD STE 600**  
CITY-ST-ZIP **OAKBROOK IL 60523**

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

TITLE **V** ☐ Delete  
NAME **BARNES, CHUCK**  
STREET ADDRESS **3007 WHITE ROCK DRIVE**  
CITY-ST-ZIP **AUSTIN TX 78757**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-21-03**

**972 687 9025**

Date

Daytime Phone #

CR2E034 (4/03)