

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90086 020 ***150.00

DOCUMENT # F96000005782

1. Entity Name

CAMPUSLINK COMMUNICATIONS SYSTEMS, INC.

Principal Place of Business

Mailing Address

**1530 EISENHOWER PLACE
 ANN ARBOR MI 48108-3284**

**1530 EISENHOWER PLACE
 ANN ARBOR MI 48108-3284**

2. Principal Place of Business

290 WOODCLIFF DR

3. Mailing Address

290 WOODCLIFF DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FAIRPORT, NY

City & State
FAIRPORT, NY

4. FEI Number **13-3741507**

Applied For

Not Applicable

Zip
14450

Country
USA

Zip
14450

Country
USA

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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, 2000 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	D GOLDEN, JOSEPH 1530 EISENHOWER PLACE ANN ARBOR MI 48108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D ARUNAS A. CHESONIS 290 WOODCLIFF DR FAIRPORT, NY 14450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINE, FRANK 11720 SAN VICENTE BLVD SUITE #300 LOS ANGELES CA 90049	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V RICHARD OTTALAGANA 290 WOODCLIFF DR FAIRPORT, NY 14450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINNICK, GARY 150 EL CAMINO DRIVE SUITE #204 BEVERLY HILLS CA 90212	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADFORD M. BONO 290 WOODCLIFF DR FAIRPORT, NY 14450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, LADWRICK 150 EL CAMINO DR BEVERLY HILLS CA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ ROBERT I SCHWARTZ 12 EASTOVER RD STAMFORD, CT 06905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, ROBERT I 12 EASTOVER ROAD STAMFORD CT	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL J. VENUTI 290 WOODCLIFF DR FAIRPORT, NY 14450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KOFALT, JAMES A 50209 MANLY CHAPEL HILL NC	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIMOTHY J. BANCROFT 35 LITTLE SPRING RUN FAIRPORT, NY 14450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 #

3/2/00 716-340-2559