

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001506

1. Entity Name

Viatech Services, Inc.

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

05-15-2000 90243 018 ***150.00

Principal Place of Business

Mailing Address

2200 WOODCREST PL., STE. 300
 BIRMINGHAM AL 35209

1 NESHAMINY INTERPLEX STE 301
 TREVOSE PA 19053-6931

2. Principal Place of Business

3. Mailing Address

2000 INTERNATIONAL PARK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BIRMINGHAM AL

4. FEI Number

63-0993158

Applied For

Not Applicable

Zip

Country

Zip

Country

35243

US

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 GOODRICH, T.M. 3320 DELL RD. BIRMINGHAM AL 35223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RUBAR, WILLIAM H 139 DEERWOOD LAKE DR HARPERSVILLE AL 35078	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GARRICK, F.E. 2320 FOX GLEN CIRCLE BIRMINGHAM AL 35216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CASSADY, G.E. 902 LINWOOD RD. BIRMINGHAM AL 35222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCARTY, J.S. 704 LEXINGTON RD. BIRMINGHAM AL 35216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA ANDERSON, BILL 624 PEVSNER RD YARDLEY PA 19067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & CFO C.M. SMITH 2218 TWELVE OAKS DR BIRMINGHAM AL 35244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: X *Clyde M. Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP & CFO

04-28-00

205-972-6000

Date

Daytime Phone #