

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90438 039 \*\*\*150.00

**DOCUMENT # F97000002666**

1. Entity Name

Trans National Communications International, Inc.

Principal Place of Business

2 Charlesgate West  
 Boston, MA 02215

Mailing Address

6455 East Johns Crossing  
 Suite 285  
 Duluth, GA 30097

80100734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3284489

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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.

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) ☐

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | P                   | <input type="checkbox"/> Delete |
| NAME           | Brian Twomey        |                                 |
| STREET ADDRESS | 2 Charlesgate West  |                                 |
| CITY-ST-ZIP    | Boston, MA 02215    |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | Marcy Raskind       |                                 |
| STREET ADDRESS | 2 Charlesgate West  |                                 |
| CITY-ST-ZIP    | Boston, MA 02215    |                                 |
| TITLE          | T                   | <input type="checkbox"/> Delete |
| NAME           | William B. Weidlein |                                 |
| STREET ADDRESS | 2 Charlesgate West  |                                 |
| CITY-ST-ZIP    | Boston, MA 02215    |                                 |
| TITLE          | C/D                 | <input type="checkbox"/> Delete |
| NAME           | Steven B. Belkin    |                                 |
| STREET ADDRESS | 2 Charlesgate West  |                                 |
| CITY-ST-ZIP    | Boston, MA 02215    |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | Joan W. Belkin      |                                 |
| STREET ADDRESS | 8 Rocky Ledge       |                                 |
| CITY-ST-ZIP    | Weston, MA 02493    |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | Bruce Rogoff        |                                 |
| STREET ADDRESS | 2 Charlesgate West  |                                 |
| CITY-ST-ZIP    | Boston, MA 02215    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

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

Brian C. Twomey

4/20/00 617-369-1000

Daytime Phone #

CR20034 (9/99)

497000002666  
00100734

**List of Officers for  
Trans National Communications International, Inc.**

Two Charlesgate West  
Boston, MA 02215  
617-369-1000 (Phone)  
617-369-1110 (Fax)  
800-800-8400 (Commercial Customer Service)  
800-653-2669 (Residential Customer Service)

**Officers**

|                     |               |
|---------------------|---------------|
| Brian Twomey        | President     |
| Bruce E. Rogoff     | CEO           |
| Richard Hargrave    | CFO           |
| William B. Weidlein | Treasurer     |
| Steven B. Belkin    | Chairman      |
| Bruce E. Rogoff     | Vice Chairman |
| Pamela Hesse        | Controller    |
| Marcy Raskind       | Secretary     |

**Directors**

Steven B. Belkin  
Two Charlesgate West  
Boston, MA 02215

Joan W. Belkin  
8 Rocky Ledge  
Weston, MA 02493

Bruce E. Rogoff  
Two Charlesgate West  
Boston, MA 02215