

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90043 005 ***150.00

DOCUMENT # F97000004176

1. Entity Name

ACTIVE MEDIA SOLUTIONS INC.

Principal Place of Business

P.O. BOX 220, ROUTE 2
NORTH STONINGTON CT 06359

Mailing Address

P.O. BOX 220, ROUTE 2
NORTH STONINGTON CT 06359

2. Principal Place of Business

245 Pittsburgh Road

3. Mailing Address

Suite, Apt. #, etc.

Suite 200

City & State

Butler, PA

Zip

06001-3824

Country

USA

Zip

Country

4. FEI Number **25-1096900**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT 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.

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, 2001 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

TITLE **D** ☒ Delete
NAME **BENNETT, GARY P**
STREET ADDRESS **86 MONTAUK AVENUE**
CITY-ST-ZIP **N. STONINGTON CT 06359**

TITLE **S/D** ☒ Delete
NAME **NOLF, DAVID M**
STREET ADDRESS **347 LANTERN HILL RD.**
CITY-ST-ZIP **MYSTIC CT 06355**

TITLE **D/P** ☐ Delete
NAME **ROBIC, JOHN A**
STREET ADDRESS **11901 PLANTATION DRIVE**
CITY-ST-ZIP **GREAT FALLS VA 22066**

TITLE **VCOO** ☐ Delete
NAME **WEATHERWAX, ROBERT**
STREET ADDRESS **11427 NIGHTSTAR WAY**
CITY-ST-ZIP **RESTON VA 22094**

TITLE **VCF0** ☐ Delete
NAME **MCCOY, JOHN T**
STREET ADDRESS **105 PALOMINO CIRCLE**
CITY-ST-ZIP **BUTLER PA 16001**

TITLE **D** ☒ Delete
NAME **RYERSON, JAY W**
STREET ADDRESS **24 PUTTKER ROAD**
CITY-ST-ZIP **N. STONINGTON CT 06359**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C/D/VP** ☐ Change ☒ Addition
NAME **Joseph M. Kampf**
STREET ADDRESS **9751 Avenel Farm Dr.**
CITY-ST-ZIP **Potomac, MD 20854**

TITLE **VP** ☐ Change ☒ Addition
NAME **Carlton B. Crenshaw**
STREET ADDRESS **1233 Gilman Court**
CITY-ST-ZIP **Herndon, VA 22070**

TITLE **VP/S** ☐ Change ☒ Addition
NAME **Curtis L. Schehr**
STREET ADDRESS **3702 Angelton Court**
CITY-ST-ZIP **Burtonsville, MD 20866**

TITLE **VP** ☐ Change ☒ Addition
NAME **John G. Drugo**
STREET ADDRESS **3221 Cambridge Drive**
CITY-ST-ZIP **Murrysville, PA 15668**

TITLE **VP** ☐ Change ☒ Addition
NAME **David J. Fabianski**
STREET ADDRESS **117 Castle Hill Road**
CITY-ST-ZIP **Pawcatuck, CT 06379**

TITLE **VP** ☐ Change ☒ Addition
NAME **Kevin S. Krom**
STREET ADDRESS **13522 Wisteria Way**
CITY-ST-ZIP **Fairfax, VA 22033**

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:

Kathryn M Conlon **KATHRYN M CONLON**

Date

1/12/01

Daytime Phone #

(860) 599-3910
X2283

CR2E034 (10/00)