

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90442 037 ***150.00

DOCUMENT # F97000005681
1. Entity Name
Covista, Inc. f.ka. Totaltel, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
150 Clove Road, 8th floor
Suite, Apt. #, etc.

3. Mailing Address
1720 Windward Concourse
Suite, Apt. #, etc.
Suite 250

DO NOT WRITE IN THIS SPACE

City & State
Little Falls NJ

City & State
Alpharetta GA

Zip
07424

Country
USA

Zip
30005

Country
USA

4. FEI Number
22-1658949

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
TCS Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1406 Hays Street, Suite 2

City
Tallahassee FL

Zip Code
32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

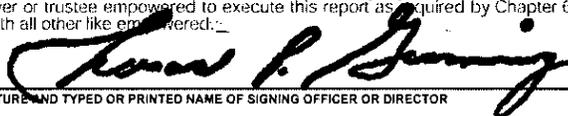
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director A. John Leach 150 Clove Road, 8th floor Little Falls NJ 07424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/VP/Treasurer/Secretary/Director Thomas P. Gunning 150 Clove Road, 8th floor Little Falls NJ 07424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Henry Luken 150 Clove Road, 8th floor Little Falls NJ 07424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Leon Genet 150 Clove Road, 8th floor Little Falls NJ 07424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Walt Anderson 150 Clove Road, 8th floor Little Falls NJ 07424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jay J. Miller 150 Clove Road, 8th floor Little Falls NJ 07424	TITLE 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 on an attachment with an address, with all other like entries.

SIGNATURE:  **5/19/02 (973021100)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)