## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F97000005724 Jan 22, 2000 8:00 am 1. Entity Name **Secretary of State** ACS TELECOMMUNICATION SYSTEMS, INC. 01-22-2000 90025 041 \*\*\*150.00 Mailing Address Principal Place of Business 65 WEST STREET ROAD A100 65 WEST STREET ROAD A100 **WARMINSTER PA 18974-3215** WARMINSTER PA 18974 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 23-2923398 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME SONNENBERG, ALAN STREET ADDRESS STREET ADDRESS 65 WEST STREET ROAD A100 CITY-ST-ZIP CITY-ST-ZIP WARMINSTER PA 18974 ☐ Addition ☐ Change ☐ Delete TITLE TITLE DC00 NAME NAME JONES, RONALD STREET ADDRESS STREET ADDRESS 65 WEST-STREET ROAD A100 CITY-ST-ZIP CITY-ST-ZIP WARMINSTER PA 18974 ☐ Addition TITLE DS ☐ Delete TITLE NAME NAME SONNENBERG, ERIKA STREET ADDRESS STREET ADDRESS 65 WEST STREET ROAD A100 CITY-ST-ZIP CITY-ST-ZIP WARMINSTER PA 18974 ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME RIDDLES, CAMERON STREET ADDRESS STREET ADDRESS 65 WEST STREET ROAD A100 CITY-ST-ZIP CITY-ST-ZIP WARMINSTER PA 18974 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

with all other like empowered.