

DOCUMENT # F97000005993		
1. Entity Name COMPSCRIPT-MOBILE, INC.		
Principal Place of Business 100 E. RIVERCENTER BLVD. SUITE 1600 COVINGTON, KY 41011		Mailing Address 100 EAST RIVERCENTER BLVD. COVINGTON, KY 41011 US
2. Principal Place of Business		3. Mailing Address 100 E. Rivercenter Blvd. Suite, Apt. #, etc. Suite 1600 City & State Covington, Ky Zip 41011 Country U.S.A.
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country
6. Name and Address of Current Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, DAVID 100 E. RIVERCENTER BLVD. STE. 1600 COVINGTON, KY 41011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICOZZI, MICHAEL 100 E. RIVERCENTER BLVD., STE 1500 ATTICA, NY 14011	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABBOTT, BRADLEY S 100 E. RIVERCENTER BLVD. STE. 1600 COVINGTON, KY 41011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINN, TRACY 100 E. RIVERCENTER BLVD. STE. 1600 COVINGTON, KY 41011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MARSH, THOMAS R 100 E. RIVERCENTER BLVD. STE. 1600 COVINGTON, KY 41011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBBINS, REGIS T 100 E. RIVERCENTER BLVD. STE. 1600 COVINGTON, KY 41011	<input type="checkbox"/> Delete
11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Bradley S. Abbott</i> Bradley S. Abbott <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		