

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90473 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *F98000000216*

1. Entity Name

Communications Billing, Inc.



DO NOT WRITE IN THIS SPACE

90039369

2. Principal Place of Business
20033 Detroit Rd Annex

Suite, Apt. #, etc.

3. Mailing Address
c/o Patrick D. Crocker

Suite, Apt. #, etc.
900 Comerica Bldg.

DO NOT WRITE IN THIS SPACE

City & State
Rocky River, OH

City & State
Kalamazoo, MI

4. FEI Number
34-1850965

Applied For
Not Applicable

Zip
44116

Country
USA

Zip
49007

Country
USA

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
Edwin F. Blanton

Street Address (P.O. Box Number is Not Acceptable)
825 Thomasville Rd.

City
Tallahassee

FL

Zip Code
32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres/Sec/Treas
Philip A. Bethune
20033 Detroit Rd, Annex
Rocky River OH 44116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Thomas Coughlin
20033 Detroit Rd, Annex
Rocky River OH 44116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other persons empowered.

SIGNATURE:

Philip A. Bethune

2/18/03

440-356-2501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone

CR2E034B (12/02)