## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DÖCUMENT # F98000000325 Mar 02, 2000 8:00 am i. Entity Name **Secretary of State** CROWN COMM INC. 03-02-2000 90043 049 \*\*\*150.00 Principal Place of Business Mailing Address 510 BERING DRIVE 375 SOUTHPOINTE BLVD. CANONISBURG PA 15317 SUITE 500 HOUSTON TX 77057 110004 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied|For City & State 4. FEI Number City & State 23-2917649 Not Applicable \$8.75 Additional Country Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME KELLY, JOHN P NAME STREET ADDRESS STREET ADDRESS 375 SOUTHPOINTE BLVD. CITY-ST-ZIP CITY-ST-ZIP CANONSBURG PA 15317 Addition ☐ Delete TITLE Change TITLE CUNNINGHAM, WESLEY D NAME NAME STREET ADDRESS 510 BERING DRIVE, SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77057** Chief FINANCIOL OFFICER Change ☐ Addition VCEO----☐ Delete TITLE TITLE GREEN, CHARLES C NAME NAME STREET ADDRESS 510 BERING DRIVE, SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77057** Delete TITLE Change [ Addition TITLE BROUSSARD, KATHY GLASS NAME NAME STREET ADDRESS STREET ADDRESS 510 BERING DRIVE, SUITE 500 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77057** DIRECTOR Change Addition ☐ Defete TITLE TITLE TED B. MILLERJR FERENBACH, CARL NAME 510 DEPLING DR. #500 STREET ADDRESS STREET ADDRESS 375 SOUTHPOINTE BLVD. HOUSTON, 77 77057 CITY-ST-ZIP CITY-ST-ZIP CANONSBURG PA 15317 DIRECTOR ☐ Change Addition ☐ Delete TITLE TITLE STUART A. WUIEMS IVY, DAVID L NAME NAME LEDO GRANT STREET, Yand FI PITTS BURGH. PA 15317 STREET ADDRESS STREET ADDRESS 510 BERING DRIVE, SUITE 500 CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77057 nereby 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 by 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 trusted employeed 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 enderest, with all other like empowered. 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07

SIGNATURE: D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO SIGNATUR