

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003189

1. Entity Name  
TOPCALL CORPORATION

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

08-14-2000 90002 013 \*\*\*550.00

Principal Place of Business  
676 EAST SWEDESFORD, SUITE 110  
WAYNE PA 19087-1612

Mailing Address  
676 EAST SWEDESFORD, SUITE 110  
WAYNE PA 19087-1612

2. Principal Place of Business

200 Chester Field Parkway

3. Mailing Address

200 Chester Field Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Malvern

City & State

Zip PA

Country 19355

Zip PA

Country 19355



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2649139

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GALL, BEN  
555 NE 34TH STREET  
SUITE 2305  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name Denis O'Neil  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 Denis O'Neil

President

7/31/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	P	<input checked="" type="checkbox"/> Delete
NAME	GALL, BEN	
STREET ADDRESS	900 WARRIOR RD	
CITY-ST-ZIP	WALVERN PA 19355	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HANNAH, MARTIN	
STREET ADDRESS	VIENNA, AUSTRIA	
CITY-ST-ZIP	VIENNA, AUSTRIA	
TITLE	COVP	<input checked="" type="checkbox"/> Delete
NAME	KUHNE, ROBERT	
STREET ADDRESS	5 HARFORD LANE	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	T	<input type="checkbox"/> Delete
NAME	GROHR, CHRISTIAN	
STREET ADDRESS	VIENNA, AUSTRIA	
CITY-ST-ZIP	VIENNA, AUSTRIA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Denis G O'Neil	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	634 Loch-N-Green Trail	
STREET ADDRESS	Arlington TX 76012	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP & T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: Denis O'Neil  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/2000

610-240-4304  
Date Daytime Phone #

CR2E034 (5/00)