

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003189

1. Entity Name
TOPCALL CORPORATION

Principal Place of Business
200 CHESTER FIELD PARKWAY
MALVERN PA 19355

Mailing Address
200 CHESTER FIELD PARKWAY
MALVERN PA 19355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

O'NEIL, DENIS
555-NE-34TH STREET
SUITE 2305
MIAMI FL 33137

Name

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 C. O'Neil DENIS C. O'NEIL PRESIDENT 12-6-2001
Signature, typed or printed name of registered agent and date 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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME O'NEIL, DENIS G
STREET ADDRESS 834 LOCH N GREEN TRAIL
CITY-ST-ZIP ARLINGTON TX 76012 ☐ Delete

TITLE
NAME 100004744831-0
STREET ADDRESS -12/31/01--01050--025
CITY-ST-ZIP ***750.00 ***750.00 ☐ Change ☐ Addition

TITLE VPT
NAME GROHR, CHRISTIAN
STREET ADDRESS VIENNA, AUSTRIA
CITY-ST-ZIP VIENNA, AUSTRIA ☒ Delete

TITLE VPT
NAME Friedrich Vogel
STREET ADDRESS Vienna, Austria
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Denis C. O'Neil (610) 240-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPROVED
AND
FILED

01 DEC 12 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

0132415 AT

CR2E034 (5/01)