

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # F98000004670

FILED

00 JUL 27 AM 6:30

1. Entity Name
RMH TELESERVICES, INC.

Principal Place of Business
40 MORRIS AVE
BRYN MAWR PA 19010

Mailing Address
40 MORRIS AVE
BRYN MAWR PA 19010

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2250564**

Applied For
Not Applicable

Zip Country

Zip Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ 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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FELLOWS, JOHN 40 MORRIS AVE BRYN MAWR PA 19010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SCHARFF, MICHAEL J 40 MORRIS AVE BRYN MAWR PA 19010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BERWANGER, ROBERT 40 MORRIS AVE BRYN MAWR PA 19010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROSOFF, WILLIAM A 40 MORRIS AVE BRYN MAWR PA 19010	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURTZ, HERBERT 40 MORRIS AVE BRYN MAWR PA 19010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADIGAN, DAVID P 40 MORRIS AVE BRYN MAWR PA 19010	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	900003349889--1 -08/08/00--01091--009 ****150.00 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Jeff Jensen 40 Morris Ave Bryn Mawr, PA 19010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greg Lakin 40 Morris Avenue Bryn Mawr, PA 19010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Michael J. Schreffler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00 (610) 520-5300
Date Daytime Phone #

CRE034 (5/00)



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RMH TELESERVICES, INC.

40 MORRIS AVENUE • BRYN MAWR, PA 19010 • 610.520.5300
FAX: 610.520.5352 • www.rmhteleservices.com

July 11, 2000

RE: Uniform Business Report

To Whom It May Concern:
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I received a second notification of our 2000 Uniform Business Report. We mailed our first report on 1/12/00. I called and spoke with Jo in your office. She told me to send a copy of the other one, and fill out the new one as well with an original signature. It must have gotten lost in the mail, as the check was never cashed. I have enclosed a new check in the amount of \$150.00. If you have any questions, please contact me at (610) 526-2800 ext. 429.

Sincerely,

A handwritten signature in cursive script that reads 'Desiree Szeliga'.

Desiree Szeliga
Compliance Manager