

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0383399 AV

DOCUMENT # F98000005240

1. Entity Name
ADCOM INFORMATION SERVICES, INC.

04-01-2002 90024 037 ***158.75

Principal Place of Business 700 W. HILLSBORO BLVD BLDG 3 STE 201 DEERFIELD BEACH FL 33441 US	Mailing Address 700 W. HILLSBORO BLVD BLDG 3 STE 201 DEERFIELD BEACH FL 33441 US
---	---



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0558088**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	PD LIVEK, WILLIAM 5400 LEITNER DRIVE WEST CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Meyers, Bob 535 East Diehl Road, 4th Floor Naperville, IL 60563-1355	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPOONER, RICHARD 4401 N OCEAN BLVD TH-15 BOCA RATON FL 33431	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Garin, Michael N. 49 Moore Road Bronxville, NY 10708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPOONER, DEANNA 4401 N OCEAN BLVD TH-15 BOCA RATON FL 33431	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eschbach, Mary Kay 2825 LaConcha Clearwater, FL 33762	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAROCCO, MICHAEL 767 FIFTH AVE 45TH FL NEW YORK NY 10153	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Van Valkenburg, David 5350 Preserve Drive Greenwood Village, CO 80121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEANLAND, RICHARD 4 GROSVENOR PL LONDON UK SW 7X-7 HP	<input checked="" type="checkbox"/> Delete
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACONE, TONY PMB 430 44-489 TOWN CTR WAY STE D PALM DESERT CA 92260	<input checked="" type="checkbox"/> Delete
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *DL Spooner* **DL Spooner** 3-14-02 954 481-8380 X101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)