2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005595

GLOBE DATA SYSTEMS, INC.

WARMINGTER PA 18974

Principal Place of Business Mailing Address 300 CONSTANCE DRIVE **CONSTANCE DRIVE**

2. Principal Place of Business 3. Mailing Address

WARMINSTER PA 18974-2815

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90050 047 ***150.00



							15.5. 15.1. 00111 00111				
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State				DO NOT WRITE IN THIS SPACE					
					4.	FEI Number				Applied For	
					"	23-2323153			─	Not Applicable	
Zip	Country	Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current Re	egistered Agent			7.	Name and A	ddress of New F	Registered	Agent		
		بيس		- Name -					_		
1200	Corporation System South Pine Island Road Itation FL 33324			Street Address (P.O. Box Number is Not Acceptable)							
				City			& &	F	L Zip Co	de	
8. The above	named entity submits this statement for t				registered ag	. <u>; </u>	in the State of Flo	orida.			
	Signature, typed or printed name of registered agent and	Title il applicable. (NOTO	z. negistorou	1 Agorit signati	TIE TOQUI OG WITETT	T					
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of			50.00		ion Campaign Fil Fund Contributio	~	\$5. □ Add	.00 May Be ed to Fees	
11.	OFFICERS AND DI	RECTORS ,	12.				HANGES TO OF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. HIATT, DAVID A 6002 MCKINLEY AVENUE TAÇOMA WA 98404	Delete			Maddall 300 Cl	lena Kr onstan	asurer 15 nuse ce by PA 1897	(¶ □ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVST MESSNER, KIMBER E 300 CONSTANCE DRIVE WARMINSTER PA 18974	☐ Delete			Preside Kimber 300 Co	nt E.Me nstane	ssnen	l	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCOLNICK, GLENN 8888 KEYSTONE CROSSING #690 INDIANAPOLIS IN 46240	☐ Delete			VPOF JOSEP 300 (n-09/2: Constan	nce Dr	14	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISMAN, FORREST E JR 230 PARK AVENUE SUITE 1616 NEW YORK NY 10169	☐ Delete	TITLE NAME STREE	 :	CONT	(INOLEY	* (r.		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAINES, PHILLIP E 3435 EMPIRE BLVD SW	☐ Delete					(•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATLANTA GA 30354	Delete	TITLE NAME STREE			······			☐ 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: