

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2002 8:00 am
Secretary of State

06-06-2002 90084 023 ***550.00

DOCUMENT # F99000000207

1. Entity Name
TVC COMMUNICATIONS, INC.

Principal Place of Business

325 LAUDERMILCH ROAD
HERSHEY PA 17033

Mailing Address

130 INDUSTRIAL DR.
CHAMBERSBURG PA 17201

2. Principal Place of Business

800 Airport Rd.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Annaville PA

City & State

4. FEI Number

25-1199912

Applied For
Not Applicable

Zip
17003

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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 \$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 **C** ☐ Delete
NAME **KANE, WILLIAM J**
STREET ADDRESS **325 LAUDERMILCH ROAD**
CITY-ST-ZIP **HERSHEY PA 17033**

TITLE ☒ Change ☐ Addition
NAME **800 Airport Rd.**
STREET ADDRESS **Annaville, PA 17003**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ACKERMAN, ROBERT W**
STREET ADDRESS **325 LAUDERMILCH ROAD**
CITY-ST-ZIP **HERSHEY PA 17033**

TITLE ☒ Change ☐ Addition
NAME **Director, President**
STREET ADDRESS **800 Airport Rd.**
CITY-ST-ZIP **Annaville, PA 17003**

TITLE **DP** ☒ Delete
NAME **KEENE, RICHARD W JR.**
STREET ADDRESS **800 AIRPORT ROAD**
CITY-ST-ZIP **ANNVILLE PA 17003**

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

TITLE **VPS** ☐ Delete
NAME **HICKS, WILLIAM R**
STREET ADDRESS **325 LAUDERMILCH ROAD**
CITY-ST-ZIP **HERSHEY PA 17033**

TITLE ☒ Change ☐ Addition
NAME **800 Airport Rd.**
STREET ADDRESS **Annaville, PA 17003**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VTAS**
STREET ADDRESS **PERSUN, BARBARA S**
CITY-ST-ZIP **130 INDUSTRIAL DRIVE**
CHAMBERSBURG PA 17201

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara S. Persun **Barbara S. Persun** 5/31/02 717-263-8258

CR2E034 (9/01)