

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002371

1. Entity Name

COMM SITE INTERNATIONAL, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90017 024 ***550.00

Principal Place of Business

8229 BOONE BLVD. SUITE 203
VIENNA VA 22182

Mailing Address

8229 BOONE BLVD. SUITE 203
VIENNA VA 22182

2. Principal Place of Business

116 Huntington Avenue

3. Mailing Address

116 Huntington Avenue

Suite, Apt. #, etc.

11th fl.

Suite, Apt. #, etc.

11th fl.

City & State

Boston MA

City & State

Boston MA

Zip

02116

Country

Zip

02116

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1604481

Applied For

Not Applicable

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 \$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

TITLE	PCED	<input checked="" type="checkbox"/> Delete
NAME	HALEY, TIMOTHY P	
STREET ADDRESS	8229 BOONE BLVD. SUITE 203	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	SC	<input checked="" type="checkbox"/> Delete
NAME	WESLEY, MCGEE O	
STREET ADDRESS	8229 BOONE BLVD. SUITE 203	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, GRABIAS	
STREET ADDRESS	8229 BOONE BLVD. SUITE 203	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BATES, JEFFREY	
STREET ADDRESS	8229 BOONE BLVD. SUITE 203	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, THOMAS	
STREET ADDRESS	8229 BOONE BLVD. SUITE 203	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RICHARD	
STREET ADDRESS	8229 BOONE BLVD. SUITE 203	
CITY-ST-ZIP	VIENNA VA 22182	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Dir / Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven B. Dodge	
STREET ADDRESS	116 Huntington Avenue	
CITY-ST-ZIP	Boston, MA 02116	
TITLE	Dir / COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas C. Wiest	
STREET ADDRESS	116 Huntington Avenue	
CITY-ST-ZIP	Boston MA 02116	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jonathan R. Black	
STREET ADDRESS	116 Huntington Avenue	
CITY-ST-ZIP	Boston MA 02116	
TITLE	Dir / V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Justin P. Benincasa	
STREET ADDRESS	116 Huntington Avenue	
CITY-ST-ZIP	Boston, MA 02116	
TITLE	Dir / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph L. Winn	
STREET ADDRESS	116 Huntington Avenue	
CITY-ST-ZIP	Boston MA 02116	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14, 2000 (417) 375-7529

Date

Daytime Phone #

CR2E034 (5/00)