

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005190

1. Entity Name

COMMONWEALTH TELECOM SERVICES, INC.

CTSI, Inc. d/b/a Commonwealth Telecom Services, Inc.

Principal Place of Business

300 NORTH LAIRD STREET
WILKES BARRE PA 18702

Mailing Address

300 NORTH LAIRD STREET
WILKES BARRE PA 18702-7013

2. Principal Place of Business

300 A Laird Street

3. Mailing Address

300 A Laird Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wilkes-Barre, PA

City & State

Wilkes-Barre, PA

Zip

18702

Country

USA

Zip

18702

Country

USA

4. FEI Number

22-3498564

Applied For

Not Applicable

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

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

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, 2000 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	DCEO	<input type="checkbox"/> Delete
NAME	MCCOURT, DAVID C	
STREET ADDRESS	105 CARNEGIE CENTER	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOTTDENKER, MICHAEL	
STREET ADDRESS	100 CTE DRIVE	
CITY-ST-ZIP	DALLAS PA 18612	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JONES, JOHN P	
STREET ADDRESS	105 CARNEGIE CENTER	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOBE, RAYMOND	
STREET ADDRESS	100 CTE DRIVE	
CITY-ST-ZIP	DALLAS PA 18612	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	STOKLOSA, TIMOTHY J	
STREET ADDRESS	105 CARNEGIE CENTER	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUTLER, JOHN J	
STREET ADDRESS	100 CTE DRIVE	
CITY-ST-ZIP	DALLAS PA 18612	

TITLE	Chief Accounting Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Cawley	
STREET ADDRESS	100 CTE Drive	
CITY-ST-ZIP	Dallas, PA 18612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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)(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

2-10-00

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90111 046 ***150.00



DO NOT WRITE IN THIS SPACE