## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # F9900006453 Sep 12, 2000 8:00 am 1. Entity Name Secretary of State TEXMERGER CORPORATION TELEBEAM, INCORPORATED 09-12-2000 90016 014 \*\*\*550.00 Mailing Address Principal Place of Business 202 EAST FIRST STREET 202 EAST FIRST STREET BIRDSBORO PA 19508 BIRDSBORO PA 19508 2. Principal Place of Business 3. Mailing Address 441 Science Park Road 441 Science Park Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State APPLIED FOR 23-3021846 Not Applicable State College, State College, Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 16803 USA 16803 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change X Addition Senior Vice President Delete TITLE TITLE KARAVANDJAN ARA Nicholas, Heidi A. NAME NAME STREET ADDRESS STREET ADDRESS 441 Science Park Road 441 Science Park Road CITY-ST-7/P State College, PA 16803 CITY-ST-ZIP STATE COLLEGE PA 16803 ☐ Change Addition Vice President Delete TITLE NAME BENNER, KENNETH NAME Knecht, Troy A. STREET ADDRESS STREET ADDRESS 441 Science Park Road 202 EAST FIRST STREET CITY-ST-ZIP CITY-ST-ZIP State College, PA 16803 **BIRDSBORO PA 19508** Change X Addition TITLE ☐ Delete TITLE Director NAME Weidner, Richard G. NAME KRAMER, ALBERT\_H\_ STREET ADDRESS STREET ADDRESS 202 East First Street 202 EAST FIRST STREET CITY-ST-ZIP CITY-ST-ZIP Birdsboro, PA 19508 **BIRDSBORO PA 19508** Director Addition X Delete TITLE TIT! F NAME Ruhl, Jean M. NAME CLEMENT, HARRISON JR. STREET ADDRESS STREET ADDRESS 202 EAST FIRST STREET 202 East First Street CITY-ST-7IP CITY-ST-ZIP **BIRDSBORO PA 19508** <u>Birdsboro, PA 19508</u> Director Addition Change TITLE ☐ Delete TITLE NAME NAME Sausen, John M. STREET ADDRESS STREET ADDRESS 202 East First Street CITY-ST-ZIP CITY-ST-ZIP <u> Rirdsboro. PA 19508</u> ☐ Delete TITLE Change | X Addition Director TITLE Bentz, John R. NAME NAME STREET ADDRESS STREET ADDRESS 202 East First Street CITY-ST-ZIP CiTY-ST-7IP Birdsboro, PA 19508 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.

610-582-8711

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F990000645 091100 XEMERGERX ORRORATION TELEBEAM, INCORPORATED Principal Place of Business Mailing Address 202 EAST FIRST STREET 202 EAST FIRST STREET BIRDSBORO PA 19508 BIRDSBORO PA 19508 2. Principal Place of Business 3. Mailing Address 4416 Science Park Road 441 Science Park Road Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ROTOGRAPA State College, PA State College, 23-3021846 Not Applicable Country Country Ziο \$8.75 Additional 5. Certificate of Status Desired 16803 16803 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zin 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, typoid or printed name of registered agent and title if applicable (NOTE: Repistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS íí. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. HHE PD Kervandjian Delete TITLE Director Change . X Addition Murray, James H. Karayandjian; Ara... ...... 1009533 STREET ADDRESS .441 Science Park Road 202 East First Street ST-ZIP CITY-ST-7/P STATE COLLEGE PA 1680 3 Birdsboro, PA 19508 ST Delete TITLE Director x Addition ☐ Change Myers, Robert M. BENNER, KENNETH NAME \_- knacc55 STREET ADDRESS 202 East First Street 202 EAST FIRST STREET ST ZIP CITY-ST-7P BIRDSBORO PA 19508 Birdsboro, PA 19508 Director Delete TITLE KRAMER, ALBERT H NAME Brown, Thomas E. .... into co STREET ADDRESS 202 EAST FIRST STREET 202 East First Street ST ZIP CITY-ST-ZIP BIRDSBORQ PA 19508 Birdsboro, PA 19508 Delete TITLE Change Addition Director CLEMENT, HARRISON JR. NAME Breitenstein, Donald R. STREET ADDRESS 202 EAST FIRST STREET 202 East First Street ST-ZIP CITY-\$1-7IP **BIRDSBORO PA 19508** <u>Birdsboro. PA 19508</u> Delete THLE Change Addition NAME vounted STREET ADDRESS 51-78 CITY-ST-ZIP Delete ☐ Change TIBLE 4adition MALE theores STREET ADDRESS ST-ZIP C(1)(-S1-7)P

Thereby contify that the information supplied with this filling does not quality for the examption stated in Section 119 07(3/fi). Florido Statutis, 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 logal offect as if made under path; 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, Florido 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.

 ĸ i	ATI	IDE	

albert tran-

Charman

Stallow

610-582-8711

Alatina Pres 4 #

CR2E034 (5/0