

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90016 014 ***550.00

DOCUMENT # F99000006453

1. Entity Name

~~TELEMERGER CORPORATION~~ TELEBEAM, INCORPORATED

Principal Place of Business

202 EAST FIRST STREET
 BIRDSBORO PA 19508

Mailing Address

202 EAST FIRST STREET
 BIRDSBORO PA 19508

2. Principal Place of Business

441 Science Park Road

3. Mailing Address

441 Science Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

State College, PA

City & State

State College, PA

4. FEI Number

23-3021846

APPLIED FOR

Applied For

Not Applicable

Zip

16803

Country

USA

Zip

16803

Country

USA

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Keryandjian KARAVANDJIAN, ARA 441 Science Park Road STATE COLLEGE PA 16803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENNER, KENNETH 202 EAST FIRST STREET BIRDSBORO PA 19508	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KRAMER, ALBERT H. 202 EAST FIRST STREET BIRDSBORO PA 19508	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENT, HARRISON JR. 202 EAST FIRST STREET BIRDSBORO PA 19508	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President Nicholas, Heidi A. 441 Science Park Road State College, PA 16803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Knecht, Troy A. 441 Science Park Road State College, PA 16803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Weidner, Richard G. 202 East First Street Birdsboro, PA 19508	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ruhl, Jean M. 202 East First Street Birdsboro, PA 19508	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sausen, John M. 202 East First Street Birdsboro, PA 19508	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bentz, John R. 202 East First Street Birdsboro, PA 19508	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Albert H. Kramer* Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00

Date

610-582-8711

Daytime Phone #

CR2E034 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000006453**

091100

1. Entity Name
TELEBEAM CORPORATION 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
441 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
State College, PA State College, PA 23-3021846 APPLIED FOR
 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
1680 3 USA 1680 3 USA
 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM Name
1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
(See criteria on back) **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD Kervandjian KARAVANDJIAN, ARA	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	441 Science Park Road		NAME	Murray, James H.	
ST-ZIP	STATE COLLEGE PA 1680 3		STREET ADDRESS	202 East First Street	
			CITY-ST-ZIP	Birdsboro, PA 19508	
TITLE	ST BENNER, KENNETH	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	202 EAST FIRST STREET		NAME	Myers, Robert M.	
ST-ZIP	BIRDSBORO PA 19508		STREET ADDRESS	202 East First Street	
			CITY-ST-ZIP	Birdsboro, PA 19508	
TITLE	CD KRAMER, ALBERT H	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	202 EAST FIRST STREET		NAME	Brown, Thomas E.	
ST-ZIP	BIRDSBORO PA 19508		STREET ADDRESS	202 East First Street	
			CITY-ST-ZIP	Birdsboro, PA 19508	
TITLE	D CLEMENT, HARRISON JR.	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	202 EAST FIRST STREET		NAME	Breitenstein, Donald R.	
ST-ZIP	BIRDSBORO PA 19508		STREET ADDRESS	202 East First Street	
			CITY-ST-ZIP	Birdsboro, PA 19508	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		

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: Albert H Kramer Chairman 8/31/00 610-582-8711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 15/00