

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90613 044 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *K61784*
 1. Entity Name
 RJE Telecom, Inc.

AC Book

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 8191 College Parkway
 Suite, Apt. #, etc.

3. Mailing Address
 200 Yale Avenue
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Fort Myers, FL

City & State
 Morton, PA

4. FEI Number
 65-0925891

Applied For
 Not Applicable

Zip 33919 Country USA Zip 19070 Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 1200 S. Pine Island Rd.

City
 Plantation

FL Zip Code
 33324

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Chairman George H. Gilmore 200 Yale Avenue Morton, PA 19070	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Ennis 8191 College Parkway Ft. Myers, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David C. Turner Exec. Vice Pres. 200 Yale Avenue Morton, PA 19070	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Terence R. Montgomery same as above	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Sr. Vice Pres. Harvey B. Dikter same as above	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary W. Harry Muller same as above	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Harvey B. Dikter* Harvey B. Dikter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 610-690-6482
Date Daytime Phone #