

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000100924**1. Entity Name  
GAELCOM, INC.

## Principal Place of Business

TAIT BUSINESS CENTRE UNIT 4  
DOMINIC STREET  
LIMERICK IRELAND

## Mailing Address

TAIT BUSINESS CENTRE UNIT 4  
DOMINIC STREET  
LIMERICK IRELAND2. Principal Place of Business  
19160 DOVE CREEK DRIVE3. Mailing Address  
3 SOUTH 508 2ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

TAMPA FL

City &amp; State

WARRENVILLE IL

4. FEI Number

36-4428804

Applied For

Not Applicable

Zip  
33647Country  
USZip  
60555Country  
US5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREETTALLAHASSEE  
323012525

US

FL

## 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)

03/19/2001

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, 2001 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

TITLE D ☐ Delete  
NAME O MICHAEL  
STREET ADDRESS 16 THREADNEEDLE ROAD SALTHILL  
CITY-ST-ZIP CO. GALWAY IRELANDTITLE D ☐ Delete  
NAME RONAN NEVILLE J  
STREET ADDRESS 3 SOUTH 508 2ND STREET  
CITY-ST-ZIP WARRENVILLE IL 60555TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition  
NAME RONAN NEVILLE J  
STREET ADDRESS 19160 DOVE CREEK DRIVE  
CITY-ST-ZIP TAMPA FL 33647TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Neville J Ronan

D

03/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)