

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90061 010 \*\*\*150.00

**DOCUMENT # P22878**

1. Entity Name

**AG COMMUNICATION SYSTEMS CORPORATION**

Principal Place of Business

2500 WEST UTOPIA ROAD  
 PHOENIX AZ 85027

Mailing Address

2500 WEST UTOPIA ROAD  
 PHOENIX AZ 85027-4129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**36-3615308**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. 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

*Donald J. Cole*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/24/2000**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 **P**  Delete  
 NAME **SEIGEL, JEFFREY W**  
 STREET ADDRESS **24801 N 84TH STREET**  
 CITY-ST-ZIP **SCOTTSDALE AZ 85255**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VS**  Delete  
 NAME **MAHON, JAMES J., JR.**  
 STREET ADDRESS **36415 DREAM STREET**  
 CITY-ST-ZIP **CAREFREE AZ 85377**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **HOPF, MARY ANN**  
 STREET ADDRESS **1944 E. DIVOT DRIVE**  
 CITY-ST-ZIP **TEMPE AZ 85283**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPC**  Delete  
 NAME **HARAZIN, DAVID G**  
 STREET ADDRESS **6135 E. CAMP BELLO DRIVE**  
 CITY-ST-ZIP **SCOTTSDALE AZ**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **HOPPE, DALE R**  
 STREET ADDRESS **8307 E DAVENPORT DRIVE**  
 CITY-ST-ZIP **SCOTTSDALE AZ 85260**

TITLE  Change  Addition  
 NAME **Donald J. Cole**  
 STREET ADDRESS **5116 E. Kathleen**  
 CITY-ST-ZIP **Scottsdale, AZ 85254**

TITLE **V**  Delete  
 NAME **SCHULZ, CHARLES**  
 STREET ADDRESS **13411 N 16TH PLACE**  
 CITY-ST-ZIP **PHOENIX AZ 85022**

TITLE  Change  Addition  
 NAME **Dan R. Melsek**  
 STREET ADDRESS **14209 N. 20th Place**  
 CITY-ST-ZIP **Phoenix, AZ 85022**

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:

*Donald J. Cole*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/2000**

DATE

Daytime Phone #

CR2E034 (9/99)