

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90069 020 \*\*\*150.00

0591078

**DOCUMENT # P22878**

1. Entity Name

**AG COMMUNICATION SYSTEMS CORPORATION**

Principal Place of Business

Mailing Address

**2500 WEST UTOPIA ROAD  
 PHOENIX AZ 85027**

**2500 WEST UTOPIA ROAD  
 PHOENIX AZ 85027**

**C0043681**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3615308**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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

*Mary Ann Hopf*

*4/6/01*

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  Change  Addition  
 NAME **VP-Sales & Market Development  
 Michael T. Reynolds**  
 STREET ADDRESS **24593 N. 117th St.**  
 CITY-ST-ZIP **Scottsdale, AZ 85255**

TITLE  Delete  
 NAME **CFVP COLE, DONALD J**  
 STREET ADDRESS **5116 E KATHLEEN**  
 CITY-ST-ZIP **SCOTTSDALE AZ 85254**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPNS MELSEK, DAN R**  
 STREET ADDRESS **14209 N 20TH PLACE**  
 CITY-ST-ZIP **PHOENIX AZ 85022**

TITLE  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:

*Mary Ann Hopf* Mary Ann Hopf

*4/6/01*

(623) 582-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)