

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37423

1. Entity Name

RAM COMMUNICATIONS GROUP, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90009 006 \*\*\*150.00

Principal Place of Business

Mailing Address

10 WOODBRIDGE CENTER DRIVE  
WOODBRIDGE NJ 07095

ATTN: VALERIE J. KHOSHINAT  
10 WOODBRIDGE CENTER DRIVE  
WOODBRIDGE NJ 07095-1106  
US

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

22-3144105

Applied For

Not Applicable

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

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156

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 \$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 ☐ Delete  
NAME P  
STREET ADDRESS HARRELL, MICHAEL K  
CITY-ST-ZIP 1100 PEACHTREE ST NE  
ATLANTA GA 30309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VTCF  
STREET ADDRESS GARDNER, J.D.  
CITY-ST-ZIP 1100 PEACHTREE ST NE  
ATLANTA GA 30309

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10 Woodbridge Center Dr.  
CITY-ST-ZIP Woodbridge, NJ 07096

TITLE ☐ Delete  
NAME S  
STREET ADDRESS HILLMAN, ARTHUR B  
CITY-ST-ZIP 1100 PEACHTREE ST NE  
ATLANTA GA 30309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS CLOWER IRVINE, JOYCE  
CITY-ST-ZIP 1155 PEACHTREE ST NE  
ATLANTA GA 30309-3610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VAS  
STREET ADDRESS WHIYE, MICHAEL  
CITY-ST-ZIP 10 WOODBRIDGE CNTR DR  
WOODBRIDGE NJ 07095

TITLE ☒ Change ☐ Addition  
NAME white, Michael  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME V  
STREET ADDRESS HOBBS, JAMES C D  
CITY-ST-ZIP 1155 PEACHTREE ST. N.E.  
ATLANTA GA 30309-3610

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:

*Michael W. White*

3/3/00

732-602-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michael W. White, Vice President & Assistant Secretary

Daytime Phone #

CR2E034 (9/99)