

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P37423**

1. Entity Name

**RAM COMMUNICATIONS GROUP, INC.**

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



DO NOT WRITE IN THIS SPACE

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	P	<input type="checkbox"/> Delete
NAME	HARRELL, MICHAEL K	
STREET ADDRESS	1100 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	VTCF	<input type="checkbox"/> Delete
NAME	GARDNER, J.D.	
STREET ADDRESS	1100 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILLMAN, ARTHUR B	
STREET ADDRESS	1100 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CLOWER IRVINE, JOYCE	
STREET ADDRESS	1155 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	WHIYE, MICHAEL	
STREET ADDRESS	10 WOODBRIDGE CNTR DR	
CITY-ST-ZIP	WOODBRIDGE NJ 07095	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HOBBS, JAMES C D	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10 Woodbridge Center Dr.	
CITY-ST-ZIP	Woodbridge, NJ 07096	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Michael	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

Date

Daytime Phone #

CR2E034 (9/99)