

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90280 029 ***150.00

DOCUMENT # P94000004713

1. Entity Name
CONTINENTAL SATELLITE COMPANY OF FLORIDA, INC.

Principal Place of Business
**188 INVERNESS DRIVE WEST
SUITE #600
ENGLEWOOD, CO 80112**

Mailing Address
**P O BOX
DENVER, CO 80217-5630 US**

2. Principal Place of Business
**1500 MARKET ST.
Suite, Apt. #, etc.**

3. Mailing Address
**1500 MARKET ST
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State
PHILADELPHIA PA
Zip
19102-2148 Country
USA

City & State
PHILADELPHIA PA
Zip
19102-2148 Country
USA

4. FEI Number
59-3228774

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLEYER, WILLIAM T 188 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, RON 188 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DWYER, EDWARD M 296 NO MAPLE AVE BASKING RIDGE, NJ 07920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BAILEY, RICK D 188 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHANK, JOHN L 188 INVERNESS DR W ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ABRAM E. PATLOVE 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT C. STEPHEN BACKSTROM 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER C. STEPHEN BACKSTROM 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY WILLIAM E. DORDELMAN 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ABRAM E. PATLOVE 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JUDIE M. DIONGLAY 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM

Date

4/14/03 **215-981-7557**

Daytime Phone #

CR2E034 (10/02)