

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000091758**1. Entity Name
ROOT COMMUNICATIONS, INC.Principal Place of Business
TWO BALA PLAZA
STE 801
BALA CYNWYD PA
19004 USMailing Address
TWO BALA PLAZA
STE 801
BALA CYNWYD PA
19004 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

59-3346050

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

CORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE FL
32301 US

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.

SIGNATURE _____ **04/25/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH RIORDAN B	
STREET ADDRESS	139 EXECUTIVE CENTER DR STE 203	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROOT JOHN S	
STREET ADDRESS	139 EXECUTIVE CENTER DR STE 203	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	AT	<input type="checkbox"/> Delete
NAME	POIRIER NANCY	
STREET ADDRESS	139 EXECUTIVE CENTER DR STE 203	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGRANE RICHARD L	
STREET ADDRESS	139 EXECUTIVE CENTER DR STE 203	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SAVADOVE DANIEL C	
STREET ADDRESS	139 EXECUTIVE CIRCLE, SUITE 203	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOGES WILLIAM J	
STREET ADDRESS	139 EXECUTIVE CIRCLE, SUITE 203	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH RIORDAN B		
STREET ADDRESS	50 KENNEDY PLAZA		
CITY-ST-ZIP	PROVIDENCE RI 02903		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROOT JOHN S		
STREET ADDRESS	275 CLYDE MORRIS BLVD		
CITY-ST-ZIP	ORMOND BEACH FL 32174		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHAEL JOE W		
STREET ADDRESS	50 KENNEDY PLAZA		
CITY-ST-ZIP	PROVIDENCE RI 02903		
TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGRANE RICHARD L		
STREET ADDRESS	TWO BALA PLAZA SUITE 801		
CITY-ST-ZIP	BALA CYNWYD PA 19004		
TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAVADOVE DANIEL C		
STREET ADDRESS	TWO BALA PLAZA SUITE 801		
CITY-ST-ZIP	BALA CYNWYD PA 19004		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOGES WILLIAM J		
STREET ADDRESS	275 CLYDE MORRIS BLVD		
CITY-ST-ZIP	ORMOND BEACH FL 32174		

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: RICHARD L MCGRANE

VP

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)