

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000091758

FILED  
Apr 13, 2003  
Secretary of State

Entity Name: ROOT COMMUNICATIONS, INC.

## Current Principal Place of Business:

TWO BALA PLAZA  
STE 801  
BALA CYNWYD, PA 19004 US

## New Principal Place of Business:

## Current Mailing Address:

TWO BALA PLAZA  
STE 801  
BALA CYNWYD, PA 19004 US

## New Mailing Address:

FEI Number: 59-3346050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VOGES, WILLIAM J  
Address: 275 CLYDE MORRIS BLVD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: DP ( ) Delete  
Name: SAVADOVE, DANIEL C  
Address: TWO BALA PLAZA SUITE 801  
City-St-Zip: BALA CYNWYD, PA 19004

Title: VP ( ) Delete  
Name: MCGRANE, RICHARD L  
Address: TWO BALA PLAZA SUITE 801  
City-St-Zip: BALA CYNWYD, PA 19004

Title: D ( ) Delete  
Name: MICHAEL, JOE W  
Address: 50 KENNEDY PLAZA  
City-St-Zip: PROVIDENCE, RI 02903

Title: D ( ) Delete  
Name: ROOT, JOHN S  
Address: 275 CLYDE MORRIS BLVD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: SMITH, RIORDAN B  
Address: 50 KENNEDY PLAZA  
City-St-Zip: PROVIDENCE, RI 02903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L. MCGRANE

VP

04/13/2003

Electronic Signature of Signing Officer or Director

Date