

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 160269

1. Entity Name

ELECTRO-SYSTEMS CORPORATION ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -4 PM 4:08

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DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O MUZAK LLC
~~2901 THIRD AVE., SUITE 400~~
~~SEATTLE WA 98121~~

Mailing Address
C/O MUZAK LLC
~~2901 THIRD AVE., SUITE 400~~
~~SEATTLE WA 98121~~

2. Principal Place of Business
5550 77 CENTER DR.

3. Mailing Address
5550 77 CENTER DR.

Suite, Apt. #, etc.
STE 380

Suite, Apt. #, etc.
STE 380

City & State
CHARLOTTE, N.C.

City & State
CHARLOTTE, N.C.

Zip
28217

Country
MECKLENBURG

Zip
28217

Country
MECKLENBURG

4. FEI Number 59-0626059

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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: _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D: YUDKOFF, ROYCE C/O ABRYPARTNERS, INC. 18 NEWBURY ST. BOSTON MA 02116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BOYD, WILLIAM 2901 THIRD AVENUE SEATTLE WA 98121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GARBER, PENI C/O ABRYPARTNERS, INC. 18 NEWBURY ST. BOSTON MA 02116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YUDKOFF, ROYCE C/O ABRYPARTNERS, INC. 18 NEWBURY ST. BOSTON MA 02116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACINNIS, ROBERT C/O ABRYPARTNERS, INC. 18 NEWBURY ST. BOSTON MA 02116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SALDERINI, CHARLES A 2901 THIRD AVENUE BOSTON MA 02116	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOYD, WILLIAM 5550 77 CENTER DR., STE 380 CHARLOTTE, N.C. 28217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER RILEY, ROBERT M. 5550 77 CENTER DR., STE 380 CHARLOTTE, NC 28226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Robert M Riley Controller Date: 9/13/00 (704) 559-5277

CR2E034 (5/00)