

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90324 032 ***550.00

DOCUMENT # F00000005808

1. Entity Name
ADVANCED GEOSERVICES CORP.

Principal Place of Business
**CHADDS FORD BUSINESS CAMPUS
 BRANDYWINE ONE, SUITE 202
 CHADDS FORD, PA 19317**

Mailing Address
**CHADDS FORD BUSINESS CAMPUS
 BRANDYWINE ONE, SUITE 202
 CHADDS FORD PA 19317**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2687000**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 _____ (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 \$550.00
After September 13, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DAILEY, DANIEL A | |
| STREET ADDRESS | BRANDYWINE ONE, SUITE 202 | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FORSLUND, BARBARA L | |
| STREET ADDRESS | BRANDYWINE ONE, SUITE 202 | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LEDEL, THOMAS M | |
| STREET ADDRESS | BRANDYWINE ONE, SUITE 202 | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MARANO, PAUL | |
| STREET ADDRESS | BRANDYWINE ONE SUITE 202 | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HOWARD, WILLIAM T | |
| STREET ADDRESS | BRANDYWINE ONE, SUITE 202 | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | PERANTEAU, LAWRENCE J | |
| STREET ADDRESS | BRANDYWINE ONE, SUITE 202 | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | |

| | | |
|----------------|---------------------------|--|
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Paul G. Stratman | |
| STREET ADDRESS | Brandywine One, Suite 202 | |
| CITY-ST-ZIP | Chadds Ford PA 19317 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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: *Lawrence J Peranteau* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/15/02** Daytime Phone # **610 558 3300**

CR2E034 (4/02)