TELE-WORKS, INC

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # F0000004784 03-02-2004 90010 004 ***150.00 1. Entity Name TELE-WORKS, INC. Principal Place of Business Mailing Address 44014697 P.O. BOX M BLACKBURG VA 24063 210 PRICES FORK ROAD SUITE C BLACKBURG VA 24060 2. Principal Place of Business 3. Mailing Address Sulte, Apl. #, etc. Sulle, Apt. #. etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 54-1398116 Not Applicable Zip Country Zip Соцпіту \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Corporation Service Company SCHOLL, MICHAEL 108 RIDGELAND ROAD Street Address (P.O. Box Number Is Not Acceptable) 1201 Hays Street TALLAHASSEE FL 32312 Tallahassee 32301 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with accept the obligations of registered agent. as its agent SIGNATURE **XOULO** and title if eapliceble (NOTE: Registered Agent signature required when renstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE TITLE 🔀 Change ☐ Addition I Delete STEVEN CRITCHALLO NELSON, JOAN C NAME NAME 210 PRICES FORK RD 210 PRICES FORK ROAD STREET ADORESS STREET ADDRESS BLACKSBURG VA 24060 BLACKBURG VA 24060 CITY-ST-ZIP CITY-ST-ZIP פכו TULE Delete ☐ Change ☐ Addition SCHELLHAMMER, CHRISTOPHER P NAME NAME STREET ADDRESS 210 PRICES FORK ROAD STREET ADDRESS CITY-ST-ZIP BLACKBURG VA 24060 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MAARE CROSS, BRIAN E-NAME STREET ADDRESS 210 PRICES FORK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLACKBURG VA 24060** Dalete TITLE TITLE ☐ Change ☐ Addition NAME CRITCHFIELD, STEVEN NAME 210 PRICES FORK ROAD STREET ADDRESS STREET ADDRESS **BLACKBURG VA 24060** CITY-ST-7/P CITY-ST-ZIP TILE Delete TTT. E Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. ZIP MΓ ☐ Celete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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 eath; 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 COUNTED HAME OF SIGNING OFFICER OR DIRECTOR

2-13-04 540 951-6460

FILED Mar 02, 2004 8:00 am 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034, (11/03)					
City & State		City & State			4. FEI	54-1398116		Not	Applicable	
Zip	Country	Zip	Country		5. Ce	rtificate of Status Desired		3.75 Addi e Required		
SCH 108 TAL		7. Name and Address of New Registered Agent Name CSC INC. Street Address (P.O. Box Number is Not Acceptable) 12-01 Hayes Street City July 1 1000								
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) Part										
10.	OFFICERS AND		11.	CE	77	TIONS/CHANGES TO OFFIC	ERS AND DI	RECTORS Change	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	CEO NELSON, JOAN C 210 PRICES FORK ROAD BLACKBURG VA 24060	Delete	TITLE NAME STREET ADD CITY-ST-ZIF	RESS 210	VEN PRI	CRITCHALLD CESFORK RD BURG VA 24060	7	Change	Addition	
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indicated of the col	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that owered to execute this repor with all other like empowered	my signature s t as required b	shall have the	same le	gal effect as if made under oa	ith: that I am	an officer	or director 1	

2-13-04 540 951-6460 Date Dayline Phone #