

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90065 005 \*\*\*150.00

DOCUMENT # **F00000005818**

1. Entity Name  
**VELOCITEL MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**526 E PARK AVENUE  
SUITE 200  
IRVINE CA 92614**

Mailing Address  
**18071 FITCH AVE., STE. 200  
IRVINE CA 92614**



2. Principal Place of Business  
**18071 Fitch Ave**

3. Mailing Address  
**Suite, Apt. #, etc.**

Suite, Apt. #, etc.  
**Ste 200**

Suite, Apt. #, etc.

City & State  
**Irvine CA**

City & State

4. FEI Number **33-0860621**

Applied For  
 Not Applicable

Zip  
**92614**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name **Laura Brainard**  
Street Address (P.O. Box Number is Not Acceptable)  
**3819 SW 61<sup>st</sup> Ave**  
City **Miami** **FL** Zip Code **33155**

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 **Laura J Brainard** **3-24-2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALVAREZ, MARIO</b> <b>18071 FITCH AVENUE STE 200</b> <b>IRVINE CA 92614</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALVAREZ, GEORGE</b> <b>18071 FITCH AVENUE STE 200</b> <b>IRVINE CA 92614</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST.</b> <b>POWERS, JOHN P</b> <b>18071 FITCH AVENUE STE 200</b> <b>IRVINE CA 92614</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESTES, JAMES R</b> <b>18071 FITCH AVENUE STE 200</b> <b>IRVINE CA 92614</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEIN, AVY H</b> <b>18071 FITCH AVENUE STE 200</b> <b>IRVINE CA 92614</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FROETSCHER, ROBERT C</b> <b>18071 FITCH AVENUE STE 200</b> <b>IRVINE CA 92614</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>75-6130 Alii Drive</b> <b>Kailua Kona, HI 96740</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>28 High Point</b> <b>Trabuco Canyon, CA 92679</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Blake, Ronald L.</b> <b>one North Wacker Dr. Suite 4800</b> <b>Chicago IL 60606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>One North Wacker Dr. Suite 4800</b> <b>Chicago, IL 60606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>one North Wacker Dr. Suite 4800</b> <b>Chicago, IL 60606</b>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/03 (847) 464-0644**  
Date (919) Paying Phone 1000

CR2E034 (10/02)