

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000556

FILED  
Jan 23, 2012  
Secretary of State

Entity Name: SHENTEL MANAGEMENT COMPANY

**Current Principal Place of Business:**

500 SHENTEL WAY  
EDINBURG, VA 22824

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 459  
EDINBURG, VA 22824

**New Mailing Address:**

FEI Number: 54-1825528      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 323012525 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FRENCH, CHRISTOPHER E  
Address: PO BOX 459  
City-St-Zip: EDINBURG, VA 22824

Title: DEVP  
Name: MACKENZIE, EARLE A  
Address: PO BOX 459  
City-St-Zip: EDINBURG, VA 22824

Title: DVPS  
Name: FLOWERS, ANN E  
Address: PO BOX 459  
City-St-Zip: EDINBURG, VA 22824

Title: VPT  
Name: SKOLITS, ADELE M  
Address: PO BOX 459  
City-St-Zip: EDINBURG, VA 22824

Title: VP  
Name: PIRTLE, WILLIAM L  
Address: PO BOX 459  
City-St-Zip: EDINBURG, VA 22824

I hereby 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 all other like empowered.

SIGNATURE: ANN FLOWERS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DVPS

01/23/2012

\_\_\_\_\_ Date