

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 31 PM 4:01

DOCUMENT # **997000003108**
1. Entity Name
Telecom Financial Services Corporation

DO NOT WRITE IN THIS SPACE

39870

2. Principal Place of Business
501 Corporate Center Dr
City, Apt., etc.
APT. 600
City, State
Franklin TN
Zip
37067
Country
USA

3. Mailing Address
10 Riverview Drive
City, Apt., etc.
City, State
Danbury CT
Zip
06810
Country
USA

6/26/02 01047 020 550

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
CT Corporation Systems
Street Address (P.O. Box Number is Not Accepted)
1200 South Pine Island Road
City
Plantation FL **33324**

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: _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May 5e Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	Chairman	TITLE	
NAME	William H. Cary	NAME	
STREET ADDRESS	10 Riverview Drive	STREET ADDRESS	
CITY-STATE-ZIP	Danbury CT 06810	CITY-STATE-ZIP	
TITLE	Director	TITLE	
NAME	Monica M. Gaudiosi	NAME	
STREET ADDRESS	10 Riverview Drive	STREET ADDRESS	
CITY-STATE-ZIP	Danbury CT 06810	CITY-STATE-ZIP	
TITLE	VP & Secretary	TITLE	
NAME	Sara Lee Keller	NAME	
STREET ADDRESS	10 Riverview Drive	STREET ADDRESS	
CITY-STATE-ZIP	Danbury CT 06810	CITY-STATE-ZIP	
TITLE	VP & Treasurer	TITLE	
NAME	Stephen Blanchard	NAME	
STREET ADDRESS	1400 Computer Drive	STREET ADDRESS	
CITY-STATE-ZIP	Westborough, MA 01581	CITY-STATE-ZIP	
TITLE	VP	TITLE	
NAME	Henry Cruz	NAME	
STREET ADDRESS	10 Riverview Drive	STREET ADDRESS	
CITY-STATE-ZIP	Danbury CT 06810	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information contained 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 and that 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 on the attachment with an address, with all other filers empowered.

SIGNATURE: **M Gaudiosi** **4/29/02** **7/31/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR