

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90082 030 \*\*\*150.00

DOCUMENT # F97000003108  
1. Entity Name  
TELECOM FINANCIAL SERVICES CORPORATION



Principal Place of Business Mailing Address  
10 RIVERVIEW DRIVE 10 RIVER VIEW DRIVE  
DANBURY, CT 06810 DANBURY, CT 06810

50008421

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
06-1482849 Not Applicable

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

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, DANIEL S 10 RIVERVIEW DRIVE DANBURY, CT 06810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D STEPHEN, HACALA 10 RIVERVIEW DRIVE DANBURY, CT 06810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONG, IVAN 10 RIVERVIEW DRIVE DANBURY, CT 06810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CISTULLI, JOSEPH 10 RIVERVIEW DRIVE DANBURY, CT 06810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAHESHWARY, SAMEER 10 RIVERVIEW DRIVE DANBURY, CT 06810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEMPINSKI, GARY 10 RIVERVIEW DRIVE DANBURY, CT 06810

**DO NOT WRITE  
IN THIS SPACE**

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: Joseph Cistulli 1/25/05 203-749-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #