


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90055 036 ***150.00

DOCUMENT # F97000003108							
1. Entity Name TELECOM FINANCIAL SERVICES CORPORATION							
Principal Place of Business 10 RIVERVIEW DRIVE DANBURY, CT 06810			Mailing Address 10 RIVER VIEW DRIVE DANBURY, CT 06810				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 06-1482849			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HENSON, DANIEL S		NAME	Paul T. Bossidy			
STREET ADDRESS	10 RIVERVIEW DRIVE		STREET ADDRESS	10 Riverview Drive			
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP	Danbury, CT 06810			
TITLE	P/D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STEPHEN, HACALA		NAME	Steven J. Toeniskoetter			
STREET ADDRESS	10 RIVERVIEW DRIVE		STREET ADDRESS	10 Riverview Drive			
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP	Danbury, CT 06810			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FONG, IVAN		NAME	Scott T. Parker			
STREET ADDRESS	10 RIVERVIEW DRIVE		STREET ADDRESS	10 Riverview Drive			
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP	Danbury, CT 06810			
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CISTULLI, JOSEPH		NAME				
STREET ADDRESS	10 RIVERVIEW DRIVE		STREET ADDRESS				
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAHESHWARY, SAMEER		NAME	David A. Kaminsky			
STREET ADDRESS	10 RIVERVIEW DRIVE		STREET ADDRESS	10 Riverview Drive			
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP	Danbury, CT 06810			
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEMPINSKI, GARY		NAME				
STREET ADDRESS	10 RIVERVIEW DRIVE		STREET ADDRESS				
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Secretary		2/2/06 203-749-6000			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			