

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000626

1. Entity Name

NORTH-AMERICAN ASSOCIATION OF TELECOMMUNICATIONS

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90060 008 ****70.00

Principal Place of Business

Mailing Address

1045 EAST ATLANTIC AVE., STE 206
 DELRAY BEACH FL 33483

1045 EAST ATLANTIC AVE., STE 206
 DELRAY BEACH FL 33483-6955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARION, JOSEPH
1045 EAST ATLANTIC AVE., STE 206
DELRAY BEACH FL 33483

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VP** Delete
 NAME: **DAY, RICK**
 STREET ADDRESS: **5744 PACIFIC CENTER BLVD 311**
 CITY-ST-ZIP: **SAN DIEGO CA**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **P** Delete
 NAME: **LEIDHOLDT, STEVE**
 STREET ADDRESS: **2030 ALTON COURT**
 CITY-ST-ZIP: **ST LOUIS MO**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **MURPHY, ANN**
 STREET ADDRESS: **54 W DANE ST**
 CITY-ST-ZIP: **BEVERLY MA**

TITLE: **D** Change Addition
 NAME: **Ann Murphy**
 STREET ADDRESS: **44 Garden St. #1**
 CITY-ST-ZIP: **Danvers, MA 01923**

TITLE: **S** Delete
 NAME: **CARROTHER, SCOTT**
 STREET ADDRESS: **2346 WYECRAFT RD**
 CITY-ST-ZIP: **OAKVILLE ONTARIO CA**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **CD** Delete
 NAME: **MARION, JOSEPH**
 STREET ADDRESS: **1045 E ATLANTIC AVE, STE 206**
 CITY-ST-ZIP: **DELRAY BCH FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **ELICHOA, JOSEPH**
 STREET ADDRESS: **74 EVERGREEN DR**
 CITY-ST-ZIP: **PORTLAND ME**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 617, 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

3/20/00 361-266-9440

Date

Daytime Phone #

CR2E037 (9/99)