

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

0065792

DOCUMENT # F98000000626

06-19-2001 90005 001 ****70.00

1. Entity Name

NORTH-AMERICAN ASSOCIATION OF TELECOMMUNICATIONS



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

ABUC3000



DO NOT WRITE IN THIS SPACE

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

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	<input type="checkbox"/> Delete
NAME	DAY, RICK	
STREET ADDRESS	5744 PACIFIC CENTER BLVD 311	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEIDHOLDT, STEVE	
STREET ADDRESS	2030 ALTON COURT	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, ANN	
STREET ADDRESS	44 AARDEN ST #1	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARROTHER, SCOTT	
STREET ADDRESS	2346 WYECRAFT RD	
CITY-ST-ZIP	OAKVILLE ONTARIO CA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MARION, JOSEPH	
STREET ADDRESS	1045 E ATLANTIC AVE, STE 206	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELJCHOA, JOSEPH	
STREET ADDRESS	74 EVERGREEN DR	
CITY-ST-ZIP	PORTLAND ME	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Roles	
STREET ADDRESS	3344 Hwy 149	
CITY-ST-ZIP	Eagan, MN 55121	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Joseph Marion

5/1/01

561-266-9440

CR2E037 (10/00)