

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90067 022 ****70.00

DOCUMENT # F98000000626

1. Entity Name

NORTH-AMERICAN ASSOCIATION OF TELECOMMUNICATIONS DEALERS, INC.

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

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

NOT APPLICABLE

Applied For

Not Applicable

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	<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	D	<input type="checkbox"/> Delete
NAME	ROLES, TOM	
STREET ADDRESS	3344 HWY 149	
CITY-ST-ZIP	EAGANI MN 55121	
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	ELICHOA, 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		
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STREET ADDRESS		
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02

561-266
9440

CR2E037 (9/01)