


**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90019 023 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # F98000000626	
1. Entity Name NORTH-AMERICAN ASSOCIATION OF TELECOMMUNICATIONS DEALERS, INC.	

Principal Place of Business 131 N.W. 1ST AVE DELRAY BEACH, FL 33444	Mailing Address 131 N.W. 1ST AVE DELRAY BEACH, FL 33444
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 36-3479965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

MARION, JOSEPH  
 131 N.W. 1ST AVE  
 DELRAY BEACH, FL 33444

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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	PD DAY, RICK 5744 PACIFIC CENTER BLVD 311 SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, SCOTT 2300 W. WETMORE ROAD TUCSON, AZ 85705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUCKEL, ELLIOT 198 LAWN AVENUE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, DAVE 1121 INVICTA DR. OAKVILLE, ONTARIO, CA L6H 2R2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MARION, JOSEPH 131 N.W. 1ST AVE DELRAY BCH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONDE, CHRIS 1450 HIGHWOOD EAST BLVD. PONTIAC, MI 48340

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 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 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: \_\_\_\_\_ EXECUTIVE DIRECTOR - 561-266-9440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/18/05 Daytime Phone #