

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000004784**1. Entity Name  
TELE-WORKS, INC.

Principal Place of Business 210 PRICES FORK ROAD  BLACKBURG VA 24063	Mailing Address P.O. BOX 663  BLACKBURG VA 24063
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2. Principal Place of Business 210 PRICES FORK ROAD	3. Mailing Address
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Suite, Apt. #, etc. SUITE C	Suite, Apt. #, etc.
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City & State BLACKBURG VA	City & State
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Zip 24060	Country	Zip	Country
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4. FEI Number <b>54-1398116</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SCHOLL MICHAEL  
108 RIDGELAND ROAD  
  
TALLAHASSEE FL 32312 US**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ **01/29/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRITCHFIELD STEVEN 210 PRICES FORK ROAD BLACKBURG VA 24063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CROSS BRIAN E 210 PRICES FORK ROAD BLACKBURG VA 24063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHROLLHAMMER CHRISTOPHER P 210 PRICES FORK ROAD BLACKBURG VA 24063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NELSON JOAN C 210 PRICES FORK ROAD BLACKBURG VA 24063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRITCHFIELD STEVEN 210 PRICES FORK ROAD BLACKBURG VA 24060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CROSS BRIAN E 210 PRICES FORK ROAD BLACKBURG VA 24060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHROLLHAMMER CHRISTOPHER P 210 PRICES FORK ROAD BLACKBURG VA 24060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NELSON JOAN C 210 PRICES FORK ROAD BLACKBURG VA 24060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: JOAN C NELSON**

CEO 01/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)