## **2001 UNIFORM BUSINESS REPORT (UBR)**

Muchen

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # 018058 QUINCY TELEPHONE COMPANY 04-17-2001 90081 001 \*\*\*150.00 Principal Place of Business Mailing Address 107 W FRAKLIN ST P.O. BOX 22995 140404 P.O. BOX 189 P.O. BOX 22995 QUINCY FL 32351-2310 KNOXVILLE TN 37933-0995 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0413860 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLCOMB, JAMES F Street Address (P.O. Box Number is Not Acceptable) 107 W. FRANKLIN STREET QUINCY FL 32353 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition CR2E034 (10/00) ☐ Delete . TITLE TITLE NAME PANDOW, MICHAEL A. NAME WITTWER, DAVID A STREET ADDRESS STREET ADDRESS 301 S. WESTEIELD RD 301 S WESTFIELD RD CITY-ST-ZIP CITY-ST-ZIP MADISON, WI 53717-1799 MADISON WI 53705-0158 Delete TITLE Change ☐ Addition TUTLE NAME NAME GREGORY, DANIEL V. GREGORY, DANIEL V STREET ADDRESS STREET ADDRESS 120 ENTERPRISE DR 301 S. WESTFIELD RD CITY-ST-ZIP CITY-ST-ZIP MADISON, WI 53717-1799 TITLE = X Delete TITLE ☐ Change Addition NAME NAME WITTYER, DAVE MARKS, CONRAD C. STREET ADDRESS STREET ADDRESS 301 S WESTFIELD RD 301 S. WESTFIELD RD CITY-ST-ZIP CITY-ST-ZIP MADISON WI 53705-0158 MADISON, WI 53717-1799 TITLE ☐ Change □ Delete TITLE X Addition NAME NAME PEDERSON, PAUL E. MASTERS, JERRY STREET ADDRESS STREET ADDRESS 301 S. WESTFIELD RD 301 S WESTFIELD RD CITY-ST-ZIP CITY-ST-ZIP MADISON WI 53705-0158 <u> MADISON, WI 53717-1799</u> TITLE Addition ☐ Delete TITLE Change ,9737 COGDILL RD NAME LUCHEON, DAVE CARTER, LINDA A. STREET ADDRESS 725-PELLISIPPI-PARKWAY SUITE 230 STREET ADDRESS 1460 W. MAIN STREET GENTRE, AL 35960 CITY-ST-ZIP CITY-ST-ZIP KNOXVILLE TN TITLE X Oelete □ Change ★ Addition VD NAME NAME RAYMOND, JEFF L HOLCOMB, JAMES F. STREET ADDRESS STREET ADDRESS 301 S Westfield RD 107 W. FRANKLIN ST. CITY-ST-ZIP CITY-ST-ZIP MADISON WI 53705-0158 QUINCY, FL 32351-0189 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 fustee 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.

DAVID J LUCHEON

4-6-01