

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90026 032 ***150.00

USE 3-2 AI

DOCUMENT # **018058**

1. Entity Name
QUINCY TELEPHONE COMPANY

Principal Place of Business 107 W FRANKLIN ST P.O. BOX 189 QUINCY FL 32351-2310 US	Mailing Address P.O. BOX 22995 P.O. BOX 22995 KNOXVILLE TN 37933-0995 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-0413860	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**HOLCOMB, JAMES F
 107 W. FRANKLIN STREET
 QUINCY FL 32353**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. 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, 2002 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	VD WITTWER, DAVID A 301 S WESTFIELD RD MADISON WI 53705-0158 53717-1799 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGORY, DANIEL V 301 S WESTFIELD RD MADISON WI 53717-1799 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WITTWER, DAVID 301 S WESTFIELD RD MADISON WI 53705-0158 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASTERS, JERRY 301 S WESTFIELD RD MADISON WI 53705-0158 53717-1799 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUCHEON, DAVE 9737 COGDILL RD SUITE 230 KNOXVILLE TN 37932 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANDOW, MICHAEL A 301 S WESTFIELD RD MADISON WI 53717-1799 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Conrad Marks 301 S. Westfield Rd Madison, WI 53717 - 1799 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Pederson 301 S. Westfield Rd Madison, WI 53717-1799 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Carter 1460 W. Main Street Centre, AL 35960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. Frank Holcomb 107 W. Franklin Street Quincy, FL 32353 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Robert J. Lexvold 9737 Cogdill Rd. Suite 230 Knoxville, TN 37932 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Phyllis Conatser 9737 Cogdill Rd Suite 230 Knoxville, TN 37932 <input type="checkbox"/> Change <input checked="" 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: David Lucheon REDAUPET J. LUCHEON 3/26/02 865-966-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)