

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 840081

1. Entity Name
TELDATA CORPORATION



Principal Place of Business
**148 PARK SOUTH COURT
NASHVILLE, TN 37210**

Mailing Address
**148 PARK SOUTH COURT
NASHVILLE, TN 37210**

DO NOT WRITE IN THIS SPACE



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number
62-0817728

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PORTER, FRANK G.
STREET ADDRESS	148 PARK S. COURT
CITY-ST-ZIP	NASHVILLE, TN 37210
TITLE	VPE
NAME	NEEL, MARK J
STREET ADDRESS	148 PARK SOUTH COURT
CITY-ST-ZIP	NASHVILLE, TN 37210
TITLE	STD
NAME	ZIEGLER, ROBERT P.
STREET ADDRESS	201 4TH AVE N., SUITE 1800
CITY-ST-ZIP	NASHVILLE, TN
TITLE	AS
NAME	HARRIS, PATRICIA K
STREET ADDRESS	148 PARK SOUTH CT
CITY-ST-ZIP	NASHVILLE, TN 37210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80054-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If