

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002986

Entity Name: PRIVATEL, INC.

FILED
Sep 17, 2009
Secretary of State

Current Principal Place of Business:

2022 HIGHWAY 71
SPRING LAKE, NJ 07762

New Principal Place of Business:

Current Mailing Address:

PO BOX 73
SPRING LAKE, NJ 07762

New Mailing Address:

FEI Number: 22-3593181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERNATIONAL SATELLITE SYSTEMS, INC.
2555 PORTER LAKE DRIVE, SUITE 110
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MASTRORILLI, NICHOLAS SR.
Address: 517 MORRIS AVENUE
City-St-Zip: SPRING LAKE, NJ 07762

Title: VC () Delete
Name: MASTRORILLI, CECILIA
Address: 517 MORRIS AVENUE
City-St-Zip: SPRING LAKE, NJ 07762

Title: VP () Delete
Name: MASTRORILLI, NICHOLAS JR
Address: 518 PASSAK AVE
City-St-Zip: SPRING LAKE, NJ 07762

Title: VP () Delete
Name: MASTRORILLI, PATRICK
Address: 427 ESSEX AVENUE
City-St-Zip: SPRING LAKE, NJ 07762

Title: VP () Delete
Name: MASTRORILLI, BRIAN
Address: 514 SUSSEX AVENUE
City-St-Zip: SPRING LAKE, NJ 07762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK MASTRORILLI

VP

09/17/2009

Electronic Signature of Signing Officer or Director

Date