2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005176

Address:

City-St-Zip:

6247 AMBER HILLS RD

TRUSSVILLE, AL 35173

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FILED Jul 08, 2004 Secretary of State

Entity Name: EXCELL COMMUNICATIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 6247 AMBER HILLS RD TRUSSVILLE, AL 35173 **Current Mailing Address: New Mailing Address:** 6247 AMBER HILLS RD TRUSSVILLE, AL 35173 FEI Number: 63-1213973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATE ACCESS, INC. 236 EAST 6TH AVENUÉ TALLAHASSEE, FL 32303 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WHITE, ROBERT S Name: Name: 6247 AMBER HILLS RD Address: Address: City-St-Zip: TRUSSVILLE, AL 35173 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SEIDEL, DAN J Name: 6247 AMBER HILLS ROAD Address: Address: TRUSSVILLE, AL 35173 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CLARK, MICHAEL A Name: Name: 6247 AMBER HILLS ROAD Address: Address: City-St-Zip: TRUSSVILLE, AL 35173 City-St-Zip: Title: () Delete Title: () Change () Addition WHITE, STEPHEN J Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT S. WHITE PD 07/08/2004