

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90246 020 ***150.00

060301 AR

DOCUMENT # F00000006071

1. Entity Name
SI INTERNATIONAL TELECOM CORPORATION



Principal Place of Business
4040 EAST BIJOU STREET
COLORADO SPRINGS CO 80909

Mailing Address
4040 EAST BIJOU STREET
COLORADO SPRINGS CO 80909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **84-1561617**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

11017281



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete **XX**
NAME **CULVER, WALTER DR.**
STREET ADDRESS **8484 WESTPARK DRIVE**
CITY-ST-ZIP **MCLEAN VA 22102**

TITLE **VFP** ☒ Delete **XX**
NAME **ENGELSON, NEDRA**
STREET ADDRESS **4040 E. BIJU ST**
CITY-ST-ZIP **COLORADO SPRINGS CO 80909**

TITLE **VCFO** ☒ Delete **XX**
NAME **KASCH, RICK D**
STREET ADDRESS **4040 E. BIJOU STREET**
CITY-ST-ZIP **COLORADO SPRINGS CO 80909**

TITLE **D** ☒ Delete **XX**
NAME **OLESON, RAY**
STREET ADDRESS **8484 WESTPARK DRIVE**
CITY-ST-ZIP **MC LEAN VA 22102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition **XX**
NAME **D/CEO**
STREET ADDRESS **Ray Oleson**
CITY-ST-ZIP **12012 Sunset Hills, Reston, VA 20190**

TITLE ☐ Change ☒ Addition **XX**
NAME **P/COO/D**
STREET ADDRESS **S. Bradford Antle**
CITY-ST-ZIP **12012 Sunset Hills, Reston, VA 20190**

TITLE ☐ Change ☒ Addition **XX**
NAME **S**
STREET ADDRESS **James E. Daniel**
CITY-ST-ZIP **12012 Sunset Hills, Reston, VA 20190**

TITLE ☐ Change ☒ Addition **XX**
NAME **EVP/CFO/D**
STREET ADDRESS **Thomas E. Dunn**
CITY-ST-ZIP **12012 Sunset Hills, Reston, VA 20190**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED DANIEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 703-234-7010

Date

Daytime Phone #

CR2034 (10/02)