


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F00000006787</b>		
1. Entity Name <b>TELCOVE OPERATIONS, INC.</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 26 AM 11:29

Principal Place of Business <b>712 NORTH MAIN ST. COUDERSPORT, PA 16915</b>	Mailing Address <b>712 NORTH MAIN ST. COUDERSPORT, PA 16915</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172005 Chg-P CR2E034 (10/03)

4. FEI Number <b>25-1669404</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTH, ROBERT 121 CHAMPION WAY CANONSBURG PA 153 COUDERSPORT, PA 16915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GLICKSMEN, JOHN 121 CHAMPION WAY CANONSBURG, PA 15317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 James E. Means 121 Champion Way Canonsburg, PA 15317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BABCOCK, EDWARD 712 NORTH MAIN STREET COUDERSPORT, PA 16915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000045442270 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JAMES E. MEANS** 724-743-9450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 161979 5165606

AUTHORIZATION :

*Patricia P. Pinto*

COST LIMIT : \$ 150.00

ORDER DATE : January 24, 2005

ORDER TIME : 10:04 AM

ORDER NO. : 161979-005

CUSTOMER NO: 5165606

CUSTOMER: Julie Mason  
Telcove  
121 Champion Way

Canonsburg, PA 15317

ANNUAL REPORT FILING

NAME: TELCOVE OPERATIONS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
05 JAN 26 AM 10:35  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA