

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 25 PM 4:36

DOCUMENT # F00000006787

1. Entity Name
TELCOVE OPERATIONS, INC.



Principal Place of Business
712 NORTH MAIN ST.
COUDERSPORT, PA 16915

Mailing Address
712 NORTH MAIN ST.
COUDERSPORT, PA 16915



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1669404

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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	PD
NAME	GUTH, ROBERT
STREET ADDRESS	121 CHAMPION WAY CANONSBURG PA 153
CITY-ST-ZIP	COUDERSPORT, PA 16915
TITLE	S
NAME	MEANS, JAMES E
STREET ADDRESS	121 CHAMPION WAY
CITY-ST-ZIP	CANNONSBURG, PA 15317
TITLE	TD
NAME	BABCOCK, EDWARD
STREET ADDRESS	712 NORTH MAIN STREET
CITY-ST-ZIP	COUDERSPORT, PA 16915
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600071897016

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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

2/10/06
Date

Daytime Phone #

4/25/06



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 051530 5165606

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 24, 2006

ORDER TIME : 2:23 PM

ORDER NO. : 051530-005

CUSTOMER NO: 5165606

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: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA