


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000000984	
1. Entity Name TOLEDO AREA TELECOMMUNICATIONS SERVICES, INC.	

Principal Place of Business 5566 SOUTHWYCK BLVD TOLEDO, OH 43614	Mailing Address 5566 SOUTHWYCK BLVD TOLEDO, OH 43614
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 34-1782825	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUEY, DAVID G 5566 SOUTHWYCK BLVD TOLEDO, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHRYOCK, PAUL 5566 SOUTHWYCK BLVD TOLEDO, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYERS, FRITZ 820 SPITZER BLDG 520 MADISON AVE TOLEDO, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEFFERD, BRAD 5566 SOUTHWYCK BLVD TOLEDO, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCK, ALLAN 541 SUPERIOR STREET TOLEDO, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCK, JOHN R 34 BLVD OF THE ALLIES PITTSBURGH, PA 15222

000000003785
01/13/04-80071-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #