2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003
Secretary of State

DOCUMENT# F01000001508

Entity Name: TELEPHONE ASSOCIATES, INC.

Current Principal Place of Business:

329 GRAND AVENUE
SUPERIOR, WI 54880

New Principal Place of Business:

Current Mailing Address:

329 GRAND AVENUE
SUPERIOR, WI 54880

New Mailing Address:

FEI Number: 39-1141987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES INC
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	TORREY, WILLIAM C	
Address:	329 GRAND AVE	
City-St-Zip:	SUPERIOR, WI	
Title:	VD	( ) Delete
Name:	FILIOWICH, WILLIAM F	
Address:	329 GRAND AVE	
City-St-Zip:	SUPERIOR, WI	
Title:	SD	( ) Delete
Name:	HANSON, JEFFREY B	
Address:	329 GRAND AVE	
City-St-Zip:	SUPERIOR, WI	
Title:	T	( ) Delete
Name:	MARCOVICH, TOBY E	
Address:	329 GRAND AVE	
City-St-Zip:	SUPERIOR, WI	
Title:	D	( ) Delete
Name:	ANDERSON, JOHN P	
Address:	423 W. MORGAN STREET	
City-St-Zip:	DULUTH, MN	
Title:	D	( ) Delete
Name:	PEDERSON, KNUT	
Address:	8 BRIDGEVIEW	
City-St-Zip:	SUPERIOR, WI	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PEDERSEN, KNUTE	
Address:	8 BRIDGEVIEW	
City-St-Zip:	SUPERIOR, WI	

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.

SIGNATURE: WILLIAM C. TORREY PD 02/25/2003

Electronic Signature of Signing Officer or Director — Date