

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90019 015 ***150.00

DOCUMENT # F01000006388

1. Entity Name
TELESECTOR RESOURCES GROUP, INC.



Principal Place of Business
**1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036**

Mailing Address
**1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036**

54037832



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

13-3180910

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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, 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
**PCEO
DONELL, GEORGE S
240E 38 1237 E 37 STREET, ROOM 23001
NEW YORK, NY 10016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GRAFTON, BARBARA E
1717 ARCH ST. 325 FLOOR
PHILADELPHIA, PA 19103** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CONT
HALL, EDWIN F
1717 ARCH STREET, 46TH FLOOR
PHILADELPHIA, PA 19103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OLSON, NEIL D
1717 ARCH STREET 47W FLOOR
PHILADELPHIA, PA 19103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MATHIS, MARK J
1515 N. COURTHOUSE ROAD, ROOM 500
ARLINGTON, VA 22201** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MCGEEVER, JOSEPH J
1717 ARCH STREET 15TH FLOOR
PHILADELPHIA, PA 19103** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
Dowell, George S.
240 E 38/237 E. 37 St., Room 23001
New York, New York 10016** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
JANE A. Schapker
1095 Ave. of the Americas
New York, NY 10036** ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP-Taxes
McGeever, Joseph J.
1717 Arch Street, 15th Floor
Philadelphia, PA 1903** ☒ Change ☐ 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: Joseph J. McGeever Joseph J. McGeever 4/6/04 215.963.6365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #