

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000764

FILED
Mar 07, 2009
Secretary of State

Entity Name: PROFESSIONAL TELECONCEPTS, INC.

Current Principal Place of Business:

ROUTE 12 SOUTH
NORWICH, NY 13815

New Principal Place of Business:

Current Mailing Address:

1360 POST OAK BLVD.
SUITE 2100
HOUSTON, TX 77056

New Mailing Address:

FEI Number: 36-3785874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: P () Delete
Name: BURRELL, ERIC P
Address: ROUTE 12 SOUTH
City-St-Zip: NORWICH, NY 13815

Title: S () Delete
Name: FOX, TARA
Address: ROUTE 12 SOUTH
City-St-Zip: NORWICH, NY 13815

Title: T () Delete
Name: GRINDSTAFF, NICHOLAS M
Address: 1360 POST OAK BLVD., SUITE 2100
City-St-Zip: HOUSTON, TX 77056

Title: AS () Delete
Name: MERCALDI, VINCENT A
Address: 1360 POST OAK BLVD., SUITE 2100
City-St-Zip: HOUSTON, TX 77056

Title: D () Delete
Name: HADDOX, JAMES H
Address: 1360 POST OAK BLVD., SUITE 2100
City-St-Zip: HOUSTON, TX 77056

Title: D () Delete
Name: JENSEN, DERRICK A
Address: 1360 POST OAK BLVD., SUITE 2100
City-St-Zip: HOUSTON, TX 77056

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VINCENT A. MERCALDI

AS

03/07/2009

Electronic Signature of Signing Officer or Director

_____ Date