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PICK-UP	MAIT	MAIL.
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Certified Copies	Certificates of	Status
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Special Instructions to	o Filing Officer:	
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PREMIER CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

August 16, 2005

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: Midwestern Telecommunications, Incorporated

Dear Sir or Madam:

Enclosed are one original and one copy of the forms necessary to change the registered agent and registered office for the above captioned entity.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely

Laura L. Lightholder

enclosure

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section change is submitted for a corporati		607.1508, or 617.1508, Florida Statute aws of the State of Illinois	es, this statement of in order
to change its registered office or re	=		
1. The name of the corporation: M	idwestern Telecommur	nications, Incorporated	
2. The principal office address: 65	E. 16th Street, Suite 3	00, Chicago Heights, IL 60411-9998	3
3. The mailing address (if different)):		
4. Date of incorporation/qualification	on: 8/1/2002	Document number: F0200000392	21
The name and street address of the Florida Department of State:	ne current registered agen	at and registered office on file with the	
Corporation Serv	rice Company		
1201 Hays Stree	t		1AL 05
Tallahassee, FL	32301-2525		E E TI
6. The name and street address of the (if changed):	ne new registered agent (i	f changed) and /or registered office	ASSEE.
NRAI Services	s, Inc.		EE,FLO
526 E. Park A			
	(P.O. Box or personal mails	oox NOT acceptable)	
Tallahassee, I	·L 32301		
The street address of its registered changed will be identical.	office and the street add	lress of the business office of its regis	stered agent, as
Such change was authorized by re- the board, or the corporation has b	solution duly adopted by een notified in writing o	y its board of directors or by an office of the change.	er so authorized by
Signature of an officer or of	(irector)	Arlee Holt, President Dig.	a Operations
		gree to act in this capacity. The relative to the proper and complete The position as registered agent. Or The ce address, I hereby confirm that the	• /
by: Ind the		August /6 , 2005	
(Signature of Registered) f signing on behalf of an entity:	(gent)	(Date)	
Anthony J. Alexander		Assistant C	
(Typed or Printed Name)	Assistant Secretary (Capacity)	

* * * FILING FEE: \$35.00 * * *