

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90033 043 ***150.00

DOCUMENT # F02000003921					
1. Entity Name MIDWESTERN TELECOMMUNICATIONS, INCORPORATED					
Principal Place of Business 65 E 16TH 300 CHICAGO HEIGHTS, IL 60411-9998			Mailing Address 65 E 16TH 300 CHICAGO HEIGHTS, IL 60411-9998		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 36-4182770	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E PARK AVENUE TALLAHASSEE, FL 32301			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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHINWAH, IKECHUKU 65 E 16TH CHICAGO HEIGHTS, IL 60412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLT, JERRY 65 E 16TH CHICAGO HEIGHTS, IL 60412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Arnell H. Holt			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Dir. of Operations		
			Date: 1/14/06 Daytime Phone #: (708) 679-5060		

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01092006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable