

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90044 021 \*\*\*150.00

**DOCUMENT # F02000005475**

1. Entity Name  
**CLEARTEL TELECOMMUNICATIONS, INC.**



Principal Place of Business Mailing Address  
~~6590 WEST ROGERS CIRCLE SUITE 6~~ ~~6590 WEST ROGERS CIRCLE SUITE 6~~  
~~BOCA RATON, FL 33487~~ ~~BOCA RATON, FL 33487~~

**94037580**



2. Principal Place of Business 3. Mailing Address  
**180 North Wacker Drive** **180 North Wacker Drive**  
Suite, Apt. #, etc. Suite 3 Suite, Apt. #, etc. Suite 3

03222004 Chg-P CR2E034 (10/03)

City & State Chicago, IL City & State Chicago, IL  
Zip 60606 Country USA Zip 60606 Country USA

4. FEI Number 30-0114377 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARITZ, NEIL S ESQ.**  
**150 E. PALMETTO PARK ROAD**  
**SUITE 750**  
**BOCA RATON, FL 33432**

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           | CPST                            | <input type="checkbox"/> Delete            |
| NAME            | BARITZ, KEN                     |  |
| STREET ADDRESS  | 6590 WEST ROGERS CIRCLE SUITE 6 |  |
| CITY - ST - ZIP | BOCA RATON, FL 33487            |  |
| TITLE           | S                               | <input checked="" type="checkbox"/> Delete |
| NAME            | GAVILLET, RONALD                |  |
| STREET ADDRESS  | 790 FRONTAGE RD., STE 320       |  |
| CITY - ST - ZIP | NORTHFIELD, IL 60093            |  |
| TITLE           | AS                              | <input type="checkbox"/> Delete            |
| NAME            | KELLOGG, SCOTT                  |  |
| STREET ADDRESS  | 200 S WACKER DR., STE 3215      |  |
| CITY - ST - ZIP | CHICAGO, IL 60606               |  |
| TITLE           |                                 | <input type="checkbox"/> Delete            |
| NAME            |                                 |  |
| STREET ADDRESS  |                                 |  |
| CITY - ST - ZIP |                                 |  |
| TITLE           |                                 | <input type="checkbox"/> Delete            |
| NAME            |                                 |  |
| STREET ADDRESS  |                                 |  |
| CITY - ST - ZIP |                                 |  |
| TITLE           |                                 | <input type="checkbox"/> Delete            |
| NAME            |                                 |  |
| STREET ADDRESS  |                                 |  |
| CITY - ST - ZIP |                                 |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                                 |  |
|-----------------|---------------------------------|--|
| TITLE           | CPST                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | Ken Baritz                      |  |
| STREET ADDRESS  | 2855 Congress Ave., Suite B     |  |
| CITY - ST - ZIP | Delray Beach, FL 33445          |  |
| TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                                 |  |
| STREET ADDRESS  |                                 |  |
| CITY - ST - ZIP |                                 |  |
| TITLE           | AS                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | Scott Kellogg                   |  |
| STREET ADDRESS  | 180 North Wacker Drive, Suite 3 |  |
| CITY - ST - ZIP | Chicago, IL 60606               |  |
| TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                                 |  |
| STREET ADDRESS  |                                 |  |
| CITY - ST - ZIP |                                 |  |
| TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                                 |  |
| STREET ADDRESS  |                                 |  |
| CITY - ST - ZIP |                                 |  |
| TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                                 |  |
| STREET ADDRESS  |                                 |  |
| CITY - ST - ZIP |                                 |  |

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: *Scott Kellogg* **SCOTT KELLOGG, ASST. SEC.** 3/22/04 312/658-1056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #