2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002037

Entity Name: ALAMON TELCO, INC.

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 315 WEST IDAHO KALISPELL, MT 59901 **Current Mailing Address: New Mailing Address:** 315 WEST IDAHO KALISPELL, MT 59901 FEI Number: 81-0351417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GEBHARDT, MARGARET ANN GEBHARDT, MARGARET A Name: Name: 530 MIDDLE RD 530 MIDDLE RD Address: Address: City-St-Zip: KALISPELL, MT 59901 City-St-Zip: KALISPELL, MT 59901 DV (X) Delete Title: Title: () Change () Addition Name: DENNISON, DON LEE Name: 520 MCGREGOR LN Address: Address: MARION, MT 59925 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition GEBHARDT, FRANK HERMAN GEBHARDT, FRANK H Name: Name: 530 MIDDLE RD 530 MIDDLE RD Address: Address: City-St-Zip: KALISPELL, MT 59901 City-St-Zip: KALISPELL, MT 59901

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: MARGARET A GEBHARDT DP 01/06/2004

() Delete

DT () Delete WILHELMINA EICKERT, DENISE

LIPPY, MARGARET MARIE

1638 RICH ST.

HAVRE, MT 59501

1574 LAKE BLAINE DR.

KALISPELL, MT 59901

(X) Change () Addition

(X) Change () Addition

LIPPY, MARGARET M

EICKERT, DENISE W

1574 LAKE BLAINE DR.

KALISPELL, MT 59901

1638 RICH ST.

HAVRE, MT 59501