


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003275
 1. Entity Name
CONSOLIDATED COMMUNICATIONS PUBLIC SERVICES, INC.



Principal Place of Business 121 S. 17TH STREET MATTOON, IL 61938	Mailing Address 121 S. 17TH STREET MATTOON, IL 61938
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 37-1246556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	D MARONI, KEVIN J 121 S. 17TH STREET MATTOON, IL 61938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELSON, MARK A 121 S. 17TH STREET MATTOON, IL 61938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DJ CURREY, ROBERT J 121 S. 17TH STREET MATTOON, IL 61938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LUMPKIN, RICHARD A 121 S. 17TH STREET MATTOON, IL 61938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHILDERS, STEVEN L 121 S. 17TH STREET MATTOON, IL 61938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GRISSOM, STEVEN L 121 S. 17TH STREET MATTOON, IL 61938

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 03/26/04-30008-009 150.00

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: *St. Susan* 2/18/04 217-235-4410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #