

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-30-2004 90279 021 ***150.00

DOCUMENT # F03000003414

1. Entity Name
TDS COMMUNICATIONS SOLUTIONS, INC.



Principal Place of Business
**525 JUNCTION RD.
MADISON, WI 53717**

Mailing Address
**525 JUNCTION RD.
MADISON, WI 53717**

66426676



04232004 Chg-P CR2E034 (10/03)

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
39-2013390

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLCOMB, J. FRANK
208 W. FRANKLIN ST.
QUINCY, FL 32351**

Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number Is Not Acceptable)
1201 HAYS STREET

City
TALLAHASSEE

FL

Zip Code
32301

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.

Cynthia L. Harris
as its agent

SIGNATURE *Cynthia L. Harris*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/28/04
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BARR, JAMES III
STREET ADDRESS 525 JUNCTION RD.
CITY-ST-ZIP MADISON, WI 53717

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME WITTWER, DAVID A
STREET ADDRESS 525 JUNCTION RD.
CITY-ST-ZIP MADISON, WI 53717

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME ERPENBACH, JOHN R
STREET ADDRESS 525 JUNCTION RD.
CITY-ST-ZIP MADISON, WI 53717

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME COASTER, PHILLIS A
STREET ADDRESS 9737 COGDILL RD.
CITY-ST-ZIP KNOXVILLE, TN 37932

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Delete
NAME JONES, DAVID P
STREET ADDRESS 525 JUNCTION RD.
CITY-ST-ZIP MADISON, WI 53717

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Delete
NAME LEXVOLD, ROBERT J
STREET ADDRESS 9737 COGDILL RD
CITY-ST-ZIP KNOXVILLE, TN 37932

TITLE ☐ Change ☐ 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: *DAVID P JONES*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-2004

608-664-1000

Date

Daytime Phone #