

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001455

FILED
Feb 20, 2006
Secretary of State

Entity Name: ONE CALL LOCATORS, LTD. CORPORATION

Current Principal Place of Business:

4500 MAJESTIC DRIVE
MISSOULA, MT 59808

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16780
MISSOULA, MT 59808

New Mailing Address:

FEI Number: 81-0529580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BOURAZAK, JIM
Address: 619 SW WATER STREET, SUITE 3C
City-St-Zip: PEORIA, IL 61602

Title: V () Delete
Name: QUINN, MATT
Address: 4500 MAJESTIC DRIVE
City-St-Zip: MISSOULA, MT 59808

Title: ST () Delete
Name: GILLEN, MARLYS
Address: 4500 MAJESTIC DRIVE
City-St-Zip: MISSOULA, MT 59808

Title: D () Delete
Name: GRAVES, LEE
Address: 619 SW WATER STREET, SUITE 3C
City-St-Zip: PEORIA, IL 61602

Title: D () Delete
Name: BIELFELDT, DAVID
Address: 4407 N GRANDVIEW DRIVE
City-St-Zip: PEORIA HEIGHTS, IL 61616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOURAZAK, JIM
Address: 60 STATE STREET, SUITE 201
City-St-Zip: PEORIA, IL 61602

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: D (X) Change () Addition
Name: GRAVES, LEE
Address: 60 STATE STREET, SUITE 201
City-St-Zip: PEORIA, IL 61602

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

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

SIGNATURE: MARLYS A. GILLEN

ST

02/20/2006

Electronic Signature of Signing Officer or Director

_____ Date