


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90087 044 ***150.00

DOCUMENT # F05000001455	
1. Entity Name ONE CALL LOCATORS, LTD. CORPORATION	

Principal Place of Business 4500 MAJESTIC DRIVE MISSOULA MT 59808	Mailing Address P.O. BOX 16780 MISSOULA MT 59808
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2. Principal Place of Business - No P.O. Box # 1111 E. BROADWAY	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. MISSOULA	Suite, Apt. #, etc.
City & State MISSOULA MONTANA	City & State
Zip 59802	Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 81-0529580	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOURAZAK, JIM 60 STATE STREET, SUITE 201 PEORIA IL 61602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUINN, MATT 4500 MAJESTIC DRIVE MISSOULA MT 59808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILLEN, MARLYS 4500 MAJESTIC DRIVE MISSOULA MT 59808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, LEE 60 STATE STREET, SUITE 201 PEORIA IL 61602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIELFELDT, DAVID 4407 N GRANDVIEW DRIVE PEORIA HEIGHTS IL 61616	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Marly Gillen 2/27/07 (406) 327-2902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #