

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90038 014 \*\*\*150.00

**DOCUMENT # F05000004643**

1. Entity Name  
**PAC-WEST TELECOMM, INC.**



**40014063**

Principal Place of Business  
**4210 CORONADO AVENUE  
STOCKTON, CA 95204**

Mailing Address  
**4210 CORONADO AVENUE  
STOCKTON, CA 95204**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**68-0383568**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	CARABELLI, HENRY R	
STREET ADDRESS	4210 CORONADO AVENUE	
CITY-ST-ZIP	STOCKTON, CA 95204	
TITLE	CFOT	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL, SARINA	
STREET ADDRESS	4210 CORONADO AVENUE	
CITY-ST-ZIP	STOCKTON, CA 95204	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	H. RAVI, BRAR	
STREET ADDRESS	4210 CORONADO AVENUE	
CITY-ST-ZIP	STOCKTON, CA 95204	
TITLE	CIO	<input checked="" type="checkbox"/> Delete
NAME	TODD, PUTNAM	
STREET ADDRESS	4210 CORONADO AVENUE	
CITY-ST-ZIP	STOCKTON, CA 95204	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL, HAWN	
STREET ADDRESS	4210 CORONADO AVENUE	
CITY-ST-ZIP	STOCKTON, CA 95204	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SUMPTER, JOHN F	
STREET ADDRESS	4210 CORONADO AVENUE	
CITY-ST-ZIP	STOCKTON, CA 95204	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert H. Turner	
STREET ADDRESS	4210 Coronado Avenue	
CITY-ST-ZIP	Stockton, CA 95204	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Burroughs	
STREET ADDRESS	4210 Coronado Avenue	
CITY-ST-ZIP	Stockton, CA 95204	
TITLE	PRCEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James F. Hensel	
STREET ADDRESS	4210 Coronado Avenue	
CITY-ST-ZIP	Stockton, CA 95204	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth D. Peterson	
STREET ADDRESS	4210 Coronado Avenue	
CITY-ST-ZIP	Stockton, CA 95204	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard A. Roman	
STREET ADDRESS	4210 Coronado Avenue	
CITY-ST-ZIP	Stockton, CA 95204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Chapter 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:

*Robert H. Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2008

Date

Daytime Phone #