

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000556

FILED
Feb 03, 2009
Secretary of State

Entity Name: SHENTEL MANAGEMENT COMPANY

Current Principal Place of Business:

500 SHENTEL WAY
EDINBURG, VA 22824

New Principal Place of Business:

Current Mailing Address:

500 SHENTEL WAY
EDINBURG, VA 22824

New Mailing Address:

P.O. BOX 459
EDINBURG, VA 22824

FEI Number: 54-1825528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DP () Delete
Name: FRENCH, CHRISTOPHER E
Address: PO BOX 459
City-St-Zip: EDINBURG, VA 22824

Title: DEVP () Delete
Name: MACKENZIE, EARLE
Address: PO BOX 459
City-St-Zip: EDINBURG, VA 22824

Title: DVPS () Delete
Name: SPENCER, JONATHAN R
Address: PO BOX 459
City-St-Zip: EDINBURG, VA 22824

Title: VPT () Delete
Name: SKOLITS, ADELE M
Address: PO BOX 459
City-St-Zip: EDINBURG, VA 22824

Title: VP () Delete
Name: FERGUSON, DAVID E
Address: PO BOX 459
City-St-Zip: EDINBURG, VA 22824

Title: VP () Delete
Name: MACDONALD, DAVID K
Address: PO BOX 459
City-St-Zip: EDINBURG, VA 22824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVPS (X) Change () Addition
Name: FLOWERS, ANN E
Address: PO BOX 459
City-St-Zip: EDINBURG, VA 22824

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

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

Title: VP (X) Change () Addition
Name: PIRTLE, WILLIAM L
Address: PO BOX 459
City-St-Zip: EDINBURG, VA 22824

I hereby certify that the information supplied with this filing does not qualify 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: ANN FLOWERS

VPS

02/03/2009

Electronic Signature of Signing Officer or Director

Date