

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004076

FILED  
Jan 12, 2011  
Secretary of State

**Entity Name:** TELECOM LABS INCORPORATED

**Current Principal Place of Business:**

7519 SW MOHAWK ST  
TUALATIN, OR 97062

**New Principal Place of Business:**

**Current Mailing Address:**

5050 20TH ST. E  
FIFE, WA 98424

**New Mailing Address:**

**FEI Number:** 26-3799126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE., STE 4  
WESTON, FL 33331 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

**OFFICERS AND DIRECTORS:**

**Title:** CP  
**Name:** GRAHAM, DOUG  
**Address:** 3513 93RD AVE SW  
**City-St-Zip:** OLYMPIA, WA 98312

**Title:** VCV  
**Name:** SHELBY, BRUCE  
**Address:** 3098 DILLON LANE  
**City-St-Zip:** WEST LINN, OR 97068

**Title:** D  
**Name:** GRAHAM, SHARON  
**Address:** 3513 93RD AVE SW  
**City-St-Zip:** OLYMPIA, WA 98512

**Title:** D  
**Name:** SHELBY, CAROL  
**Address:** 3098 DILLON LANE  
**City-St-Zip:** WEST LINN, OR 97068

**Title:** VP  
**Name:** GRAHAM, SCOTT  
**Address:** 2542 NW HORIZON DR  
**City-St-Zip:** MCMINNVILLE, OR 97128

I hereby 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 all other like empowered.

**SIGNATURE:** DOUG GRAHAM

PRES

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date