

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 11:07

DOCUMENT # F93000001683 (2)

1. Corporation Name

GREAT LAKES DATA & VOICE TERMINALS, INCORPORATED

Principal Place of Business

1116 TOWER LANE
BENSENVILLE IL 60106
US

Mailing Address

1116 TOWER LANE
BUNSENVILLE IL 60106
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1993

3a. Date of Last Report

08/09/1994

4. FEI Number

36-3543524

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under a 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person or persons authorized to sign and then a legible print)

(Signature of Agent or person authorized to sign and then a legible print)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PS
MCQUINN, LARRY
1116 TOWER LANE
BENSENVILLE IL

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
FOLEY, J. T.
1116 TOWER LANE
BENSENVILLE IL

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SD
KUZERA, GILBERT S.
1116 TOWER LANE
BENSENVILLE IL

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TD
WHITE, WILLIAM F.
1116 TOWER LANE
BENSENVILLE IL

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
SCHUSTER STEPHEN M.
1116 TOWER LANE
BENSENVILLE IL

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
KELLY, PATRICK J.
1116 TOWER LANE
BENSENVILLE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this original report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATORY OFFICER OR DIRECTOR

7/14/95
Date

708-76-5500
Telephone