

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000003394 (4)

1. Corporation Name
INTERNATIONAL TELEMAGEMENT GROUP, INC.



Principal Place of Business

WGST TELECOM, INC.
4317 NE THURSTON WAY
VANCOUVER WA 98662

Mailing Address

WGST TELECOM, INC.
4317 NE THURSTON WAY
VANCOUVER WA 98662-6548

3. Date Incorporated or Qualified 07/23/1993
3a. Date of Last Report 02/12/1996

2. Principal Place of Business

21 4317 NE Thurston Way
Suite, Apt. #, etc.

2a. Mailing Address

26 4317 NE Thurston Way
Suite, Apt. #, etc.

4. FEI Number 34-1728356
Applied For Not Applicable

22 City & State

23 Vancouver, WA

27 City & State

28 Vancouver, WA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

98662

25 Country

USA

29 Zip

98662

30 Country

USA

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

9. Name and Address of Current Registered Agent

SIMPSON, LARRY D ESQUIRE
1102 N. GADSDEN ST.
TALLAHASSEE FL 32303

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NOLTE, STANLEY M
STREET ADDRESS 206 E. MARKET ST.
CITY-ST-ZIP LIMA OH 45801 ☒ DELETE

TITLE VP
NAME SANDER, CLIFFORD V.
STREET ADDRESS 4317 NE THURSTON WAY
CITY-ST-ZIP VANCOUVER WA ☐ DELETE

TITLE S
NAME BERTKE, LOIS J
STREET ADDRESS 4317 NE THURSTON WAY
CITY-ST-ZIP VANCOUVER WA ☒ DELETE

TITLE T
NAME NOLTE, KAY E
STREET ADDRESS 4317 NE THURSTON WAY
CITY-ST-ZIP VANCOUVER WA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Gary Pentecost
1.3 STREET ADDRESS 4317 NE Thurston Way
1.4 CITY-ST-ZIP Vancouver, WA 98662 ☒ Change ☐ Addition

2.1 TITLE V.T.S.D
2.2 NAME Clifford V. Sander
2.3 STREET ADDRESS 4317 NE Thurston Way
2.4 CITY-ST-ZIP Vancouver, WA 98662 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE C
5.2 NAME John Warta
5.3 STREET ADDRESS 4317 NE Thurston Way
5.4 CITY-ST-ZIP Vancouver, WA 98662 ☐ Change ☒ Addition

6.1 TITLE D
6.2 NAME Stephen Irwin
6.3 STREET ADDRESS 505 Park Avenue
6.4 CITY-ST-ZIP New York, NY 10022 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

360-254-4700

Daytime Phone #

CR2E034 (9/96)