SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

4317 NE THURSTON WAY



FLORIDA DEPARTMENT OF STATE

FILED

Jul 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F930000

F93000003394 (4)

Mailing Address

4317 NE THURSTON WAY

INTERNATIONAL TELEMANAGEMENT GROUP, INC.

VANCOUVER WA 98862 VANCOUVER WA 98662 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1993 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 4001 May 34-1729356 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. Yes No Country 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SIMPSON, LARRY D ESQUIRE Name 1102 N. GADSDEN ST. R2 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 84 City Zip Code 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 egent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signalute, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE [] DELETE Change Addition Joseph Basile You Main Street PENTECOST, GARY 1.2 NAME 4317 NE THURSTON WAY STREET ADDRESS 1.3 STREET ADDRESS VANCOUVER WA CITY-ST-ZIP 1.4 CITY-ST-ZIP Vancouver, WA 9866 VTSD TITLE DELETE 2.1 TITLE Change Addition SANDER, CLIFFORD V. NAME 2.2 NAME 4317 NE THURSTON WAY STREET ADDRESS 2.3 STREET ADDRESS VANCOUVER WA CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ___ Change ____ Addition Warta, John 3.2 NAME 4317 NE THURSTON WAY STREET ADDRESS 3.3 STREET ADDRESS VANCOUNVER WA CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition IRWIN, STEPHEN NAME 4.2 NAME 505 PARK AVE STREET ADDRESS 4.3 STREET ADDRESS NY NY CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 acqual 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 roceiver of 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.