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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F93000003394

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90100 004 ***150.00

INTERNA	ITIONAL TELEMANAGEMEN	IT GROUP,INC										
Principal Place	of Business	Mailing Address					1 1001100 1110 1010	# 15151 ## E11 ## 1	II 26 II) 99 III 9	DIDE 11199 11119	(WIEL WINE LAD)	
4317 NE THURSTON WAY VANCOUVER WA 98662 US		4001 MAIN ST VANCOUVER WA 98663 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
						-	07/23/1993					
2. Principal Pl	ace of Business	2a. Mailing Address				4	. FEI Number			Ap	olied For	1
21		26			34-1729356	•	_	No	Applicable]		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					. Certifcate of Status	Dasisad		\$8.75 ₽		}
		27				3	. Certificate of Status	Desired		Fee Re	quired	-
City & State		City & State				6	, Election Campaign	Financing		\$5.00		
23		28				Trust Fund Contrib			Added t	o Fees	4	
Zip	Country	Zip	Cou	ntry		8	. This corporation ov		ent year Inta			Į.
24	25	29	30				Personal Property				□No	-
	9. Name and Address of Curren	t Registered Agent		81	Name	10	Name and Addres	S OT NOW K	egisterea	Agent		┨
CILIE	SON, LARRY D ESQUIRE			"	ivaine							}
	N. GADSDEN ST.			82	Street A	ddress (P.O. Box Number is I	Not Accepta	ble)			
TALLAHASSEE FL 32303				83					***			}
	A IAGGEE I E 32300			03								Ì
3				84	City			.***	FL	85 Zip (ode	1
						41				shanaina ita	rogistored	-}
 office or re 	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	s authorized	ιbyτ	he corpo	ration's b	poard of directors. I h	ereby accep	t the appoir	ntment as re	gistered	
SIGNATURE									Bist			Ι.
	Signature, typed or printed name of registered ager		TE: Registered	Agent	signature re	quired when	ADDITIONS/CHANG	ES TO OE	DATE EICEDS AN	D DIPECTO	RS IN 12	1 8
12.	P OFFICERS AN	DELETE	1.1 717	n F		PCD	ADDITIONS/CHAIN	5E3 10 0F1	IOENO AN	Change	Addition	1 =
TITLE	·		1.2 NA		ŀ	1 CD				Д		
NAME	BASILE, JOSEPH				ADDRESS							8
STREET ADDRESS	4001 MAIN STREET		l l									5
CITY-ST-ZIP	VANCOUVER WA 98663	DELETE	1.4 CIT	TY-ST	- ZP	5				Change	Addition	1 2
TITLE	VTSD CHEEODD V	DELETE	2.1 III		ļ	ما ١	ffrey m	harb		<u></u>		}
NAME	SANDER, CLIFFORD V.				ADDRESS	J. Ol	ffrey. Maybood		-			
STREET ADDRESS	4317 NE THURSTON WAY											
CITY-ST-ZIP	VANCOUVER WA	DELETE	2. 4 CI		I-ZIP	you	couver, u	<u> </u>	000	Change	Addition	1
TITLE	D DANN OTERNEN	3.2N			ļ	V	d Traces	حامت				1
NAME	IRWIN, STEPHEN				ADORESS	TOOL	d Trans	vor 1				ļ
STREET ADDRESS	505 PARK AVE						couver, u		10/03			
CITY-ST-ZIP	NY NY	☐ DELETE	3,4. CI	ITY-ST	5-ZIP	1001	.comes, in	<u> </u>	<u> </u>	☐ Change	Addition	1
TITLE			4.2 N			Knize	rt Ferni	ا هم			7	
NAME					ADDRESS	ipe.	Main S				•	Ì
STREET ADDRESS		•				1/20	couver u	9A 98	ならろ			ļ
CITY-ST-ZIP		☐ DELETE	5.1 TIT	TY-ST	-212	yar	icalva, v	211 19	<u></u>	☐ Change	Addition	1
TITLE		50000	5.1 NA		ŀ	مار ما	Aconstra	00				1
NAME					ADDRESS	ماننداد دارسار		ניי				1
STREET ADDRESS				TY-ST		160	convert in	A 48	662			
CITY-ST-ZIP TITLE		☐ D€LETE	6.1 TIT			<u>uai t</u>	and L	<i>,</i> , , , , , , , , , , , , , , , , , ,		Change	☐ Addition	1
			6.2 NA							<u> </u>		
NAME '					ADORESS							
STREET ADDRESS			0.5 51	T(07	20							1

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 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, with all other like empowered.

SIGNATURE: