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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300004381 (0)

TELECOMMUNICATIONS RESOURCES, INC.

Principal Place of Business

Mailing Address

8 VICTORY LANE, SUITE 200 LIBERTY MO 64068 8 VICTORY LANE, SUITE 200 LIBERTY MO 64068

FILED May 14 1998 8:00am Secretary of State



LIBERTT MO 64068		LIBERTY MO 64068			DO NOT WRITE	DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qualified				7	
					09/28/1993					
2. Principal Place of Business 2s. Mailing Ad			ldress		4. FEI Number			Applied For		
21		26			43-1644767	Not Applicable				
Suite, Apt.	#, etc.	Suile, Apt. #, etc.			5. Certificate of Status Desired	⋈	\$8.75 Additional Fee Required			
City & State	9	City & State			6 Flection Campaign Financing	6. Election Campaign Financing \$5.00 May Be				
23	28				Trust Fund Contribution	Added to Fees				
Zip	Country	Zip	Country		8. This corporation owes or has pa	aid the curre	nt year Inl	angible	1	
24	25	29	30		Personal Property Tax due June			Νo	Ţ	
	9. Name and Address of Curre	nt Registered Agent		 	10. Name and Address of New Re	gistered Ag	jent		-	
	CORPORATION SYSTEM			81 Name					1	
1200 SOUTH PINE ISLAND ROAD				82 Street Ac	ddress (P.O. Box Number is Not Acceptate	ole)			1	
PLA	INTATION FL 33324			83					-	
				84 City			85 Zip	Code	-	
						<u> </u>]	
11. Pursuant t office or re agent. Lar	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Flor ida Statu e of Florida. Such cha nge was jations of, Section 60 7.0505, Fl	tes, the a authorize lorida Sta	bove-named co d by the corpo tutes.	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of cl pt the appoir	hanging il ntment a s	ts registered registered		
SIGNATURE	Signature typod or printed name of registered au				quired when reinstating)	DATE				
12.		ID DIRECTORS	13.	or igon organization	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12		
TITLE	CP	☐ DELETÉ	1.1 T	ITLE			Change	Addition	13	
NAME	SELMON, DONALD C		1.2 N	AME					13	
STREET ADDRESS 8 VICTORY LANE, SUITE 200		1.3 \$	TREET ADDRESS					١٤		
CITY-ST-ZIP	LIBERTY MO 64068			ITY-ST-ZIP					<u> </u>	
TATE	D	OK #83624	2.1 7	ITLE		L	Change	Addition	١٩	
NAME	KAPLAN, STEVE		2.2 N	AME					1	
STREET ADDRESS	10750 DALLAS PARKWAY		2.3 \$	TREET ADDRESS	1				1	
CITY-ST-ZIP	DALLAS TX 75048			CITY-ST-ZIP			7.5	1 1 1 1 1 1 1	1	
TITLE	EAKES, LINDA M	DELETE	3.1 T			L	Change	Addition		
NAME DIRECT ADDRESS	3813 N.W. 60TH		3.2 N							
STREET ADDRESS	KANSAS CITY MO			TREET ADDRESS					1	
CITY-ST-ZIP TITLE		DELETE	4.11	CITY-SI-ZIP		Г	Change	Addition	1	
NAME		E 3555/5	4.21			<u>.</u>			ı	
STREET ADDRESS				TREET ADDRESS					1	
CITY-ST-ZIP				ITY-ST-ZIP					1	
TITLE		☐ DE le te	5.1 7			L	Change	Addition	1	
NAME			5.2 N	AME						
STREET ADORESS			5.3 S	TREET ADDRESS						
CITY-ST-ZIP			5.4 0	ITY-ST-ZIP						
TITLE		☐ DELETE	6.1 T	ıĭL€		L	Change	Addition	1	
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET ADDRESS						
CITY-ST-ZIP		7.2.2.		ITY-ST-ZIP						
14. I hereby c	ertify that the information supplied v	vith this filing does not qualify f	or the ex	emption stated	in Section 119.07(3)(i), Florida Statutes. I	further certif	ty that the	information	1	

4. 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 informatio 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 trusted enipsywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change I, or on an attachment with an address.

Alongel Ch Selm

4/27/00 01

01-782-0033