

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000003031 (1)**

1. Corporation Name

PROTOCOL TELECOMMUNICATIONS SERVICES, INC.



Principal Place of Business

Mailing Address

**5160 PARKSTONE DR., #190
CHANTILLY VA 22021**

**5160 PARKSTONE DR., #190
CHANTILLY VA 22021**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/09/1994

3a. Date of Last Report

03/01/1995

4. FEI Number

54-1358097

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 s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32031**

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 NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

PD KIPP, R. R

15058 STILLFIELD PLACE

CENTREVILLE VA

CITY-ST-ZIP

V

MORTON, D K

15461 MEHERRIN DR.

CENTREVILLE VA 22020

CITY-ST-ZIP

ST

JELLETT, C D

P.O. BOX 276 - NA

PHILOMONT VA 22131

CITY-ST-ZIP

D

DANIELS, W J

1030 BOSQUE CRESCENT

CUMBERLAND ONTARIO CANADA

CITY-ST-ZIP

D

PETERSON, D K

11 BRECKENRIDGE

NASHVILLE TN 37215

CITY-ST-ZIP

C

TICKLE, B. A

211 ACACIA AVENUE

ROCKCLIFFE ONTARIO CA

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

C

P. Foriel Destezet

4, rue Louis Guerin

69626 Villerur Banner Cedex, FRANCE

V

S.A. Berry

285 Fern Leaf Crescent

Orleans, Ontario, K1E-2Z5

V

R.E. Comrie

6303 Lee Forest Path

Centreville, VA 22020

V

S.E. Scott

4513 Orr Drive

Chantilly, VA 22065

S

C.K. Miller

6132 Beachway Drive

Falls Church, VA 22041

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 19.07(3)(k), 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 attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)