## **2008 FOR PROFIT CORPORATION**

## FILED May 05, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # F94000006609 1. Entity Name CMC TELECOM, INC. Principal Place of Business Mailing Address 51151 PONTIAC TRAIL 51151 PONTIAC TRAIL WIXOM, MI 48393 WIXOM, MI 48393 04282008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-2881104 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLANTON, EDWIN F DO NOT WRITE 810 THOMASVILLE ROAD TALLAHASSEE, FL 32303 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000948869 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 06/03/08-8000S-014 150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CHAMPAGNE, CRAIG NAME STREET ADDRESS 4781 ALJOANN CITY-ST-ZIP BRIGHTON, MI 48116 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FICER OR DIRECTOR