

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91607 003 \*\*\*150.00

**DOCUMENT # F94000006691**  
 1. Entity Name  
**TRANSCOMMUNICATIONS INCORPORATED**

Principal Place of Business      Mailing Address  
**5751 UPTAIN RD. #200**      **5751 UPTAIN RD.**  
**SUITE 200**      **#200**  
**CHATTANOOGA TN 37411**      **CHATTANOOGA TN 37411**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
**6125 Preservation Drive**      **6125 Preservation Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**Chattanooga, TN**      **Chattanooga, TN**  
 Zip      Country      Zip      Country  
**37416**      **US**      **37416**      **US**

4. FEI Number      Applied For  
**62-1533223**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**526 EAST PARK AVE.**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FULLER, MAX</b>
STREET ADDRESS	<b>5751 UPTAIN RD., #200</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37411</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>QUINN, PAT</b>
STREET ADDRESS	<b>5751 UPTAIN RD., #200</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37411</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CRONER, MEL</b>
STREET ADDRESS	<b>5751 UPTAIN RD. #200</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37411</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SCUDDER, EARL</b>
STREET ADDRESS	<b>5751 UPTAIN RD., #200</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37411</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>COPPINGER, JAMES</b>
STREET ADDRESS	<b>5751 UPTAIN RD. #200</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37411</b>
TITLE	<b>TS</b> <input type="checkbox"/> Delete
NAME	<b>HAYES, MICHAEL</b>
STREET ADDRESS	<b>5751 UPTAIN RD, STE 200</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37411</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>6125 Preservation Drive</b>
CITY-ST-ZIP	<b>Chattanooga, TN 37416</b>
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>6125 Preservation Drive</b>
CITY-ST-ZIP	<b>Chattanooga, TN 37416</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>6125 Preservation Drive</b>
CITY-ST-ZIP	<b>Chattanooga, TN 37416</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>6125 Preservation Drive</b>
CITY-ST-ZIP	<b>Chattanooga, TN 37416</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>6125 Preservation Drive</b>
CITY-ST-ZIP	<b>Chattanooga, TN 37416</b>

13. 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 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED**      5/1/02      423-553-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)