

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90204 032 \*\*\*150.00

0665538 AB

**DOCUMENT # F94000006691**



1. Entity Name  
**TRANSCOMMUNICATIONS INCORPORATED**

Principal Place of Business 6125 PRESERVATION DRIVE CHATTANOOGA TN 37416 US	Mailing Address 6125 PRESERVATION DRIVE CHATTANOOGA TN 37416 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **62-1533223** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NRAI SERVICES, INC.**  
**526 EAST PARK AVE.**  
**TALLAHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FULLER, MAX</b>
STREET ADDRESS	<b>6125 RESERVATION DRIVE</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37416</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>QUINN, PAT</b>
STREET ADDRESS	<b>6125 RESERVATION DRIVE</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37416</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CRONER, MEL</b>
STREET ADDRESS	<b>6125 RESERVATION DRIVE</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37416</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SCUDDER, EARL</b>
STREET ADDRESS	<b>6125 RESERVATION DRIVE</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37416</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>COPPINGER, JAMES</b>
STREET ADDRESS	<b>6125 RESERVATION DRIVE</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37416</b>
TITLE	<b>TS</b> <input type="checkbox"/> Delete
NAME	<b>HAYES, MICHAEL</b>
STREET ADDRESS	<b>6125 RESERVATION DRIVE</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37416</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice President/Secretary</b>
STREET ADDRESS	<b>James E. Holstine, Jr.</b>
CITY-ST-ZIP	<b>6125 Preservation Drive</b> <b>Chattanooga, TN 37416</b>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

**SIGNATURE:**

*James E. Holstine, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)