

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90181 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001753

1. Corporation Name

L.D.S. TELECOMMUNICATIONS, INC.

Principal Place of Business

**13230 E. FIRESTONE BLVD
SUITE D-2
SANTA FE SPRINGS CA 90670**

Mailing Address

**13230 E. FIRESTONE BLVD
SUITE D-2
SANTA FE SPRINGS CA 90670**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1995

4. FEI Number

95-4286910

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No *

2. Principal Place of Business

21 12440 FIRESTONE BLVD.,

Suite, Apt. #, etc.

22 SUITE #3000

City & State

23 NORWALK, CALIFORNIA

Zip

24 90650

Country

25 U.S.A.

2a. Mailing Address

26 12440 FIRESTONE BLVD.,

Suite, Apt. #, etc.

27 SUITE #3000

City & State

28 NORWALK, CALIFORNIA

Zip

29 90650

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 **PD** ☐ DELETE

NAME **CASEY, MARY**

STREET ADDRESS **13230 E. FIRESTONE BLVD., STE D-2**

CITY-ST-ZIP **SANTA FE SPRINGS CA 90670**

TITLE **SD** ☐ DELETE

NAME **ENOS, KELLY**

STREET ADDRESS **13230 E. FIRESTONE BLVD., STE D-2**

CITY-ST-ZIP **SANTA FE SPRINGS CA 90670**

TITLE **D** ☒ DELETE

NAME **CURRIER, DON**

STREET ADDRESS **13230 E. FIRESTONE BLVD., STE D-2**

CITY-ST-ZIP **SANTA FE SPRINGS CA**

TITLE **D** ☒ DELETE

NAME **CURRIER, ELIZABETH P**

STREET ADDRESS **13230 E. FIRESTONE BLVD., STE D-2**

CITY-ST-ZIP **SANTA FE SPRINGS CA**

TITLE **D** ☒ DELETE

NAME **ELTRINGHAM, THOMAS G**

STREET ADDRESS **13230 E. FIRESTONE BLVD., STE D-2**

CITY-ST-ZIP **SANTA FE SPRINGS CA 90670**

TITLE **D** ☒ DELETE

NAME **MCDANIEL, JOHN B**

STREET ADDRESS **13230 E. FIRESTONE BLVD., STE D-2**

CITY-ST-ZIP **SANTA FE SPRINGS CA**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

12440 FIRESTONE BLVD., STE. #3000

NORWALK, CA 90650

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

12440 FIRESTONE BLVD., STE. #3000

NORWALK, CA 90650

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Assistant Secretary

Kathleen Mayer

12440 Firestone Blvd., Ste #3000

Norwalk, CA 90650

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen Mayer

Kathleen Mayer

4/20/99

(562) 864-6224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

CR2E034 (11/98)