

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000002882 (7)

1. Corporation Name

SECURITY TELECOM CORPORATION



Principal Place of Business

Mailing Address

1209 W. NORTH CARRIER  
SUITE 300  
GRAND PRAIRIE TX 75050

1209 W. NORTH CARRIER  
SUITE 300  
GRAND PRAIRIE TX 75050

3. Date Incorporated or Qualified

06/14/1995

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET STE 105  
TALLAHASSEE FL 32301

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 the corporation

(NOTE: Registered Agent signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE ☐ DELETE

C  
NAME: OHLAND, BILL  
STREET ADDRESS: 6916 LAKESHORE DR.  
CITY- ST- ZIP: DALLAS TX

TITLE ☐ DELETE

P  
NAME: ROTHELL, JEFF  
STREET ADDRESS: 1015 MILLCROSSING  
CITY- ST- ZIP: ARLINGTON TX

TITLE ☐ DELETE

V  
NAME: MARTIN, JEFF  
STREET ADDRESS: 2002 STAMFORD  
CITY- ST- ZIP: AUSTIN TX

TITLE ☐ DELETE

ST  
NAME: HUGHES, ROBERT  
STREET ADDRESS: P.O. BOX 50251  
CITY- ST- ZIP: AUSTIN TX

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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

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 119.07(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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96

214-988-3737

CR2E034 (12/95)