

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000004790 (0)

1. Corporation Name

CORPORATE SERVICES TELCOM, INC.



Principal Place of Business

360 MARIMAC ST.  
LAWRENCE MA 01843

Mailing Address

360 MARIMAC ST.  
LAWRENCE MA 01843

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 360 Merrimack  
23 City & State  
24 Zip  
25 Country  
26 360 Merrimack  
27 BIDS. FIR 3  
28 City & State  
29 Zip  
30 Country

3. Date Incorporated or Qualified  
10/05/1995

3a. Date of Last Report

4. FEI Number

880345534

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 has liability for intangible tax under s. 190.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

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 607.0602 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 type to print name of registered agent, if applicable

Signature type to print name of registered agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PDC                     | <input type="checkbox"/> DELETE |
| NAME           | LESAFFRE, CHRISTOPHER   |                                 |
| STREET ADDRESS | 360 MARIMAC ST.         |                                 |
| CITY-ST-ZIP    | LAWRENCE MA 01843       |                                 |
| TITLE          | T                       | <input type="checkbox"/> DELETE |
| NAME           | LESAFFRE, FRANCIS       |                                 |
| STREET ADDRESS | 360 MARIMAC ST.         |                                 |
| CITY-ST-ZIP    | LAWRENCE MA 01843       |                                 |
| TITLE          | VSDC                    | <input type="checkbox"/> DELETE |
| NAME           | ANTESTENIS, DAVID       |                                 |
| STREET ADDRESS | 7830 FREEWAY CIRCLE     |                                 |
| CITY-ST-ZIP    | MIDDLEBURG HTS OH 44130 |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS | 360 Merrimack ST                                                             |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS | 360 Merrimack ST                                                             |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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

5-1-96

328681-1202

CR2E034 (12/95)