

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004790 (0)

1. Corporation Name

CORPORATE SERVICES TELCOM, INC.

FILED

98 AUG 11 PM 3:25

SECRETARY OF STATE

Principal Place of Business

360 MARIMAC ST.
LAWRENCE MA 01843

Mailing Address

360 MARIMAC ST.
LAWRENCE MA 01843

3. Date Incorporated or Qualified
10/05/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

360 Merrimack St

23

City & State

24

Zip

Country

25

2a. Mailing Address

26

360 Merrimack St

Suite, Apt. #, etc.

27

BIDS FIR 3

City & State

28

Zip

Country

29

30

4. FEI Number

880345534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.

526 E. PARK AVE.

TALLAHASSEE FL 32301

Wayne Mackley

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 600002618266-1

84 -08/18/98--01007--007

City

***300.00 FL ***350.00

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

Ed. Rand V.P.

8/1/98

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PDC
LESAFFRE, CHRISTOPHER
360 MARIMAC ST.
LAWRENCE MA 01843

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

360 Merrimack St

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

LESABFRE, FRANCIS
360 MARIMAC ST.
LAWRENCE MA 01843

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

360 Merrimack St

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VSDC
ANTESTENIS, DAVID
7830 FREEWAY CIRCLE
MIDDLEBURG HTS OH 44130

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☒ Addition

REINSTATEMENT

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

528681-1222

CR2E034 (12/95)