

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003408

FILED
Apr 09, 2009
Secretary of State

Entity Name: NORLIGHT TELECOMMUNICATIONS, INC.

Current Principal Place of Business:

13935 BISHOPS DRIVE
BROOKFIELD, WI 53005

New Principal Place of Business:

Current Mailing Address:

8829 BOND ST
OVERLAND PARK, KS 66214

New Mailing Address:

FEI Number: 39-1712867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CINELLI, ALBERT E
Address: 8829 BOND STREET
City-St-Zip: OVERLAND PARK, KS 66214

Title: PD () Delete
Name: ROGERS, BOB
Address: 13935 BISHOP DR
City-St-Zip: BROOKFIELD, WI 53005

Title: V () Delete
Name: CORR, ED
Address: 8829 BOND STREET
City-St-Zip: OVERLAND PARK, KS 66214

Title: T (X) Delete
Name: WEBER, LOHN H
Address: 8829 BOND STREET
City-St-Zip: OVERLAND PARK, KS 66214

Title: SD () Delete
Name: CANDELARIO, ANTHONY
Address: 8829 BOND STREET
City-St-Zip: OVERLAND PARK, KS 66214

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change () Addition
Name: LOHN, WEBER
Address: 8829 BOND STREET
City-St-Zip: OVERLAND PARK, KS 66214

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED CORR

_____ Electronic Signature of Signing Officer or Director

V

04/09/2009

_____ Date