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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000003848 (6)

1. Corporation Name
ONE-STOP COMMUNICATIONS, INC.



Principal Place of Business: 15 SALT CREEK LANE #321
HINSDALE IL 60521
Mailing Address: 15 SALT CREEK LANE #321
HINSDALE IL 60521-2864

3. Date Incorporated or Qualified: 07/30/1996
3a. Date of Last Report
4. FEI Number: 36-4059582
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. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business:
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address:
26. State, Apt. #, etc.
27. City & State
28. Zip
29. Country
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
85. Zip Code
FL

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: (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERWOUDE, RICHARD S	1.2 NAME	
STREET ADDRESS	22 ORCHARD LANE	1.3 STREET ADDRESS	15 W 155 81st Street
CITY, STATE, ZIP	GOLF-NECK NJ 07722	1.4 CITY - ST - ZIP	HINSDALE, IL 60521
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANSOM, CARTER	2.2 NAME	
STREET ADDRESS	788 INVERNESS DR.	2.3 STREET ADDRESS	
CITY, STATE, ZIP	AURORA IL 60504	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIER, PHILIP J	3.2 NAME	
STREET ADDRESS	839 CLEVELAND RD.	3.3 STREET ADDRESS	
CITY, STATE, ZIP	HINSDALE IL 60521	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DANIEL J	4.2 NAME	
STREET ADDRESS	885 DOVINGTON DR.	4.3 STREET ADDRESS	
CITY, STATE, ZIP	HOFFMAN ESTATES IL 60194	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONICH, TIMOTHY W	5.2 NAME	
STREET ADDRESS	292 SHERIDAN RD.	5.3 STREET ADDRESS	WINNETKA
CITY, STATE, ZIP	WINNETKA IL 60093	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEWKES, DAVID A	6.2 NAME	
STREET ADDRESS	274 HAGANS AVE.	6.3 STREET ADDRESS	
CITY, STATE, ZIP	ELMHURST IL 60126	6.4 CITY - ST - ZIP	

14. I do 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 a 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 added in accordance with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

0482697

Philip J. Carraisa 3/4/97 (630) 322-9800

CR2E034 (9/96)