

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90002 009 ***150.00

DOCUMENT # F96000003848

1. Corporation Name
ONE STOP TELECOMMUNICATIONS, INC.

Principal Place of Business

4900 REILLY PL
LISLE IL 60532
US

Mailing Address

4900 REILLY PL
LISLE IL 60532
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

36-4059582

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	VANDERWOUE, RICHARD S	15W155 81ST ST.	HINSDALE IL	<input type="checkbox"/>
V	RANSOM, CARTER B	798 INVERNESS DR.	AURORA IL 60504	<input checked="" type="checkbox"/>
V	WILLIAMS, KEVIN D	123 HAWKINS CIR	WHEATON IL 60187	<input type="checkbox"/>
D	VANDERWOUE, J STEPHEN	YOUNGS RD BOX 1735	SOUTHERN PINES NC 28388	<input type="checkbox"/>
D	CUMMINGS, ROBERT E	676 N MICHIGAN AVE SUITE 3300	CHICAGO IL 60611	<input type="checkbox"/>
D	DARDEN, THOMAS	20500 CIVIC CENTER DR SUITE 2500	SOUTHFIELD MI 48076	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
V	DON SLUSAREK	2504 HIGH MEADOW ROAD	NAPERVILLE, IL 60564	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	CRAIG STAPEL	19795 TIMBERLINE DRIVE	BROOKFIELD, WI 53045	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LEIGHTON CUBBAGE	200 N MAIN ST, STE 301	GREENVILLE, SC 29601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 630-322-9500

Date

Daytime Phone #

CR2E034 (11/98)

0558526