

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003848

1. Entity Name

ONE STOP TELECOMMUNICATIONS, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90015 041 ***550.00

Principal Place of Business

4900 REILLY PL
LISLE IL 60532
US

Mailing Address

4900 REILLY PL
LISLE IL 60532
US

2. Principal Place of Business

6400 C St SW

3. Mailing Address

6400 C St SW

Suite, Apt. #, etc.

PO Box 3177

Suite, Apt. #, etc.

PO Box 3177

City & State

Cedar Rapids, IA

City & State

Cedar Rapids, IA

Zip

52406-3177

Country

USA

Zip

52406-3177

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4059582

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME VANDERWOUE, RICHARD S
STREET ADDRESS 15W155 81ST ST.
CITY-ST-ZIP HINSDALE IL ☒ Delete

TITLE V
NAME STAPEL, CRAIG
STREET ADDRESS 19795 TIMBERLINE DRIVE
CITY-ST-ZIP BROOKFIELD WI 53045 ☒ Delete

TITLE V
NAME WILLIAMS, KEVIN D
STREET ADDRESS 123 HAWKINS CIR
CITY-ST-ZIP WHEATON IL 60187 ☒ Delete

TITLE D
NAME VANDERWOUE, J STEPHEN
STREET ADDRESS YOUNGS RD BOX 1735
CITY-ST-ZIP SOUTHERN PINES NC 28388 ☒ Delete

TITLE D
NAME CUMMINGS, ROBERT E
STREET ADDRESS 676 N MICHIGAN AVE SUITE 3300
CITY-ST-ZIP CHICAGO IL 60611 ☒ Delete

TITLE D
NAME DARDEN, THOMAS
STREET ADDRESS 20500 CIVIC CENTER DR SUITE 2500
CITY-ST-ZIP SOUTHFIELD MI 48076 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO
NAME Clark E. McLeod
STREET ADDRESS 6400 C St SW, Box 3177
CITY-ST-ZIP Cedar Rapids, IA 52406-3177 ☐ Change ☒ Addition

TITLE SVP
NAME Stephen C. Gray
STREET ADDRESS 6400 C St SW, Box 3177
CITY-ST-ZIP Cedar Rapids, IA 52406-3177 ☐ Change ☒ Addition

TITLE VP/CEO
NAME J. Lytle Patrick
STREET ADDRESS 6400 C St SW, Box 3177
CITY-ST-ZIP Cedar Rapids, IA 52406-3177 ☐ Change ☒ Addition

TITLE VP/Treas
NAME Joseph H. Arnyne
STREET ADDRESS 6400 C St SW, Box 3177
CITY-ST-ZIP Cedar Rapids, IA 52406-3177 ☐ Change ☒ Addition

TITLE VP/Sec
NAME Randall Rings
STREET ADDRESS 6400 C St SW, Box 3177
CITY-ST-ZIP Cedar Rapids, IA 52406-3177 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/21/2000

Daytime Phone #

(39) 70-6154

CR2E034 (5/00)