

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000001164 (9)

1. Corporation Name  
 U.S. TELCO, INC.



Principal Place of Business: P. O. BOX 40REL, 2500 INDUSTRIAL AVENUE, HUBBARD OR 97032  
 Mailing Address: P. O. BOX 40REL, 2500 INDUSTRIAL AVENUE, HUBBARD OR 97032

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
 2a. Mailing Address (26-29)

3. Date Incorporated or Qualified: 03/06/1997  
 4. FEI Number: 74-2773730  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  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 (81-85)

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	
TITLE: PCD NAME: PIKOFF, DAVID STREET ADDRESS: 208 WEST LAUREL CITY-ST-ZIP: SAN ANTONIO TX	<input type="checkbox"/> DELETE
TITLE: V NAME: HOWARD, RON STREET ADDRESS: 8721 AIRPORT FREEWAY CITY-ST-ZIP: FORT WORTH TX	<input type="checkbox"/> DELETE
TITLE: T NAME: FRIEDMAN, GARY STREET ADDRESS: 8721 AIRPORT FREEWAY CITY-ST-ZIP: FORT WORTH TX	<input type="checkbox"/> DELETE
TITLE: D NAME: JENSEN, RON STREET ADDRESS: 8721 AIRPORT FREEWAY CITY-ST-ZIP: FORT WORTH TX	<input type="checkbox"/> DELETE
TITLE: D NAME: CONDIT, JOHN STREET ADDRESS: 208 WEST LAUREL CITY-ST-ZIP: SAN ANTONIO TX	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: President 1.2 NAME: Todd Meistahn 1.3 STREET ADDRESS: 2500 Industrial Avenue 1.4 CITY-ST-ZIP: Hubbard, OR 97032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: Vice President of Operations 2.2 NAME: James Wheeler 2.3 STREET ADDRESS: 2500 Industrial Avenue 2.4 CITY-ST-ZIP: Hubbard, OR 97032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: Vice President of Marketing 3.2 NAME: Joseph Brauns 3.3 STREET ADDRESS: 2500 Industrial Avenue 3.4 CITY-ST-ZIP: Hubbard, OR 97032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: Treasurer 4.2 NAME: Robert Lawson 4.3 STREET ADDRESS: 2500 Industrial Avenue 4.4 CITY-ST-ZIP: Hubbard, OR 97032	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: Corporate Secretary 5.2 NAME: William Brauns 5.3 STREET ADDRESS: 2500 Industrial Ave. 5.4 CITY-ST-ZIP: Hubbard, OR 97032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: \_\_\_\_\_

CR2E034 (5/98)