


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90046 045 ***150.00

0659777

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F97000001164

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 Suite, Apt. #, etc.

23 City & State

24 Zip Country

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26 PO Box 40

27 Suite, Apt. #, etc.

28 City & State
HUBBARD OR

29 Zip Country
97032

3. Date Incorporated or Qualified

03/06/1997

4. FEI Number

74-2773730

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 owes the current year Intangible
Personal Property Tax.

Yes No

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 re/instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MEISLAHN, TODD
STREET ADDRESS 2500 INDUSTRIAL AVENUE
CITY-ST-ZIP HUBBARD OR 97032

TITLE V ☐ DELETE

NAME WHEELER, JAMES
STREET ADDRESS 2500 INDUSTRIAL AVENUE
CITY-ST-ZIP HUBBARD OR 97032

TITLE V ☐ DELETE

NAME BRANCOES, JOSEPH
STREET ADDRESS 2500 INDUSTRIAL AVENUE
CITY-ST-ZIP HUBBARD OR 97032

TITLE T ☒ DELETE

NAME LAWSON, ROBERT
STREET ADDRESS 2500 INDUSTRIAL AVENUE
CITY-ST-ZIP HUBBARD OR 97032

TITLE CS ☐ DELETE

NAME BRAUN, WILLIAM
STREET ADDRESS 2500 INDUSTRIAL AVE
CITY-ST-ZIP HUBBARD OR 97032

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T
WILLIAM GOODMAN
2500 INDUSTRIAL
HUBBARD OR 97032

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

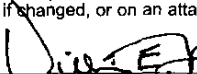
6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:  WILLIAM BRAUN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/99

Date

503-982-8000

Daytime Phone #

CR2E034 (11/98)