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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F97000002353 (7)

TELEHUB NETWORK SERVICES CORPORATION

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



1975 TRI-STATE PARKWAY, SUITE 250 1375 TRI-STATE PARKWAY, SUITE 250 **GURNE**E IL 60031 GURNEE IL 60031 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For SAULE 36-4066622 5AM Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired \Box Fee Regulred 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NRAI SERVICES INC 81 Name Street Address (P.O. Box Number is Not Acceptable) **526 E. PARK AVENUE** 82 TALLAHASSEE FL 32301 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD TITLE DELETE つまつ 1 1 TITLE Change Addition **SLEDGE**, DONALD H NAME 1.2 NAME 1375 TRI-STATE PARKWAY, SUITE 250 STREET ADDRESS 1.3 STREET ADDRESS **GURNEE IL 60031** CITY-ST-ZIP 1.4 C(1Y - \$1 - Z)F TITLE DELETE 2.1 TITLE Change Addition MCLAUGHLIN, MICHAEL G NAME 2.2 NAME 1375 TRI-STATE PARKWAY, SUITE 250 STREET ADDRESS 2.3 STREET ADDRESS **GURNEE IL 60031** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ ASST. S./D TITLE 3.1 TITLE Change Addition LESCHER, BARRY C NAME 3.2 NAME 1375 TRI-STATE PARKWAY, SUITE 250 STREET ADDRESS 3.3 STREET ADDRESS **GURNEE IL 60031** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition HARMON, RICHARD G NAME 4. 2 NAME 1375 TRI-STATE PARKWAY, SUITE 250 STREET ADDRESS 4.3 STREET ADDRESS **GURNEE IL 60031** CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition BECKER, WILLIAM W NAME 5.2 NAME 1375 TRI-STATE PARKWAY, SUITE 250 STREET ADDRESS 5.3 STREET ADDRESS **GURNEE IL 60031** CITY-ST-ZIP 54 CITY - ST - 7/P DELETE PRESIDENT TITLE 61 TITLE HERBERT H. SWINDURNE JR. NAME 62 NAME 1875 TRI-STATE PKING SUITE 250 STREET ADDRESS 6.3 STREET ADDRESS 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 the 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 of the receiver or trustice employered 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 addless.