

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000002366

1. Entity Name

BUTLER TELECOM, INC.



Principal Place of Business

110 SUMMIT AVE.
MONTVALE NJ 07645

Mailing Address

110 SUMMIT AVE.
MONTVALE NJ 07645

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

04-2723416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete
NAME KOPKO, EDWARD M
STREET ADDRESS 110 SUMMIT AVE.
CITY-ST-ZIP MONTVALE NJ 07645

TITLE V ☐ Delete
NAME ESTES, IVAN G
STREET ADDRESS 110 SUMMIT AVE.
CITY-ST-ZIP MONTVALE NJ 07645

TITLE VTCF ☐ Delete
NAME HELLRIEGEL, MICHAEL C
STREET ADDRESS 110 SUMMIT AVE.
CITY-ST-ZIP MONTVALE NJ 07645

TITLE S ☐ Delete
NAME PARAS, RICHARD S
STREET ADDRESS 110 SUMMIT AVE.
CITY-ST-ZIP MONTVALE NJ 07645

TITLE AS ☐ Delete
NAME MOHAN, PETER J
STREET ADDRESS 110 SUMMIT AVE
CITY-ST-ZIP MONTVALE NJ 07645

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000048312
CITY-ST-ZIP 02/12/04-80076-008 150.00

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Peter J. mohan

Date

Daytime Phone #

2/6/04 (201) 573-8000