2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2005 8:00 am Secretary of State

DOCUMENT # F9700002366 1. Entity Name BUTLER TELECOM, INC.						01-28-2005	5 90023 027	***15	50.00
Principal Plac	e of Business	Mailing Address							
		110 SUMMIT AVE.				. ለ ለ ለ ስ ባ ባ	· A		
MONTVALE, NJ 07645		MUNIVALE, NJ 0764	MONTVALE, NJ 07645		40008224				
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01102005	Chg-P	CR2E034 (1	0/03)	
City & State		City & State	City & State		4. FEI Number 04-27234	\$16		-	plied For t Applicable
Zíp	Country	Zip	Coun	try	5. Certificate of	Status Desired		75 Add Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	Registered Agen		
CTCORD	ODATION SYSTEM			Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
	•			City			FL ²	ip Code	9
6. The above	named entity submits this statement	for the purpose of changing its	s registere	ed office or register	ed agent, or both,	in the State of Flo		ar with,	and accept
Ine obligat	ions of registered agent.			·					
	Signature, typed or printed name of registered ages	nt and title if applicable. (NO	TE: Registered	Agent signature required	when reinstating)		DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con			.00 May Be ed to Fees				
10.	OFFICERS AND		11.		ADDITIONS/CI	HANGES TO OFF	ICERS AND DIR	CTORS	3 IN 11
TITLE NAME	PCEO KOPKO, EDWARD M	☐ Delete	TITLE Nami	I				Change	☐ Addition
STREET ADDRESS	110 SUMMIT AVE.			ET ADDRESS					
CITY-ST-ZIP	MONTVALE, NJ 07645		CITY-	ST-ZIP					
TITLE NAME	V ESTES IVANIC	☐ Delete	TITLE	l l		•		Change	☐ Addition
STREET ADDRESS	ESTES, IVAN G 1400RESS 110 SUMMIT AVE.		NAME STREE	ET ADDRESS					
CITY-ST-ZIP	MONTVALE, NJ 07645		CITY-	ST-ZIP					
inte	VTCF	Delete	TITLE	• · · · · · · · ·			(Change	Addition
NAME STREET ADDRESS	HELLRIEGEL, MICHAEL C 110 SUMMIT AVE.		NAME	ET ADDRESS					
CITY-ST-ZIP	MONTVALE, NJ 07645			ST-ZIP					
TITLE	s	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	PARAS, RICHARD S 110 SUMMIT AVE.		NAME	ET ADDRESS					
CITY-ST-ZIP	MONTVALE, NJ 07645			ST-ZIP					
TITLE	AS	☐ Delete	TITLE					Change	Addition
NAME	MOHAN, PETER J		NAME			•			
STREET ADDRESS CITY-\$T-ZIP	110 SUMMIT AVE MONTVALE, NJ 07645			ET ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE				<u>n</u>	Change	Addition
NAME			NAME	1			. ت	94	
STREET ADDRESS CITY-ST-ZIP			CITY-	ET ADORESS ST-ZIP					
12. Thereby of	certify that the information supplied wi on this report or supplemental report	th this filing does not qualify for	r the exer	nption stated in Se	ction 119.07(3)(i),	Florida Statutes.	I further certify th	at the in	formation

Thereby certify that the information supplied with this illing 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 cath; 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: _	Peter J. M	ohan pulos	- (201)573-8000
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #