

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90017 022 ***150.00

DOCUMENT # F97000003108

1. Corporation Name

TELECOM FINANCIAL SERVICES CORPORATION

Principal Place of Business

55 FEDERAL RD.
DANBURY CT 06810

Mailing Address

55 FEDERAL RD.
DANBURY CT 06810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1997

4. FEI Number

06-1482849

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BENNETT, STEPHEN M	
STREET ADDRESS	55 FEDERAL RD.	
CITY-ST-ZIP	DANBURY CT 06810	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREELEY, JOHN M	
STREET ADDRESS	55 FEDERAL RD.	
CITY-ST-ZIP	DANBURY CT 06810	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TUCKER, DAVID E	
STREET ADDRESS	55 FEDERAL RD.	
CITY-ST-ZIP	DANBURY CT 06810	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VAUGHN, JERRY E	
STREET ADDRESS	55 FEDERAL RD.	
CITY-ST-ZIP	DANBURY CT 06810	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LOFSTROM, DONALD J	
STREET ADDRESS	55 FEDERAL RD.	
CITY-ST-ZIP	DANBURY CT 06810	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	APT, LESLEY A	
STREET ADDRESS	55 FEDERAL RD.	
CITY-ST-ZIP	DANBURY CT 06810	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASST. TREAS - TAXES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN AMATO	
1.3 STREET ADDRESS	260 LONG RIDGE RD	
1.4 CITY-ST-ZIP	STAMFORD, CT 06927	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John Amato 4.28.99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203-357-4544

CR2E034 (1/98)