

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91121 045 \*\*\*150.00

**DOCUMENT # F97000003108**

1. Entity Name

**TELECOM FINANCIAL SERVICES CORPORATION**

Principal Place of Business

Mailing Address

501 CORPORATE CENTRE DR STE 600  
 FRANKLIN TN 37067

501 CORPORATE CENTRE DR STE 600  
 FRANKLIN TN 37067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**06-1482849**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL T. BOSSIDY	
STREET ADDRESS	10 RIVERVIEW DRIVE	
CITY-ST-ZIP	DANBURY, CT 06810	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH J. ARTUSO	
STREET ADDRESS	10 RIVERVIEW DRIVE	
CITY-ST-ZIP	DANBURY, CT 06810	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONICA GAUDIOSI	
STREET ADDRESS	10 RIVERVIEW DRIVE	
CITY-ST-ZIP	DANBURY, CT. 06810	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN MADDOX	
STREET ADDRESS	10 RIVERVIEW DRIVE	
CITY-ST-ZIP	DANBURY, CT 06810	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. STEPHEN SLINKARD	
STREET ADDRESS	501 CORPORATE CENTRE DR., SUITE 600	
CITY-ST-ZIP	FRANKLIN, TN 37067	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE BEAUCHAMP	
STREET ADDRESS	10 RIVERVIEW DRIVE	
CITY-ST-ZIP	DANBURY, CT 06810	

13. 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 11 or Block 12 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

CAROL J. DULANEY, ASST. SECTY. 1/17/2001 615 771-6183

Date

Daytime Phone #

CR2E034 (10/00)