

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000626

1. Entity Name

NORTH-AMERICAN ASSOCIATION OF TELECOMMUNICATIONS

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90060 008 ****70.00

Principal Place of Business

Mailing Address

1045 EAST ATLANTIC AVE., STE 206
 DELRAY BEACH FL 33483

1045 EAST ATLANTIC AVE., STE 206
 DELRAY BEACH FL 33483-6955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARION, JOSEPH
 1045 EAST ATLANTIC AVE., STE 206
 DELRAY BEACH FL 33483

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
 NAME DAY, RICK
 STREET ADDRESS 5744 PACIFIC CENTER BLVD 311
 CITY-ST-ZIP SAN DIEGO CA

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

TITLE P ☐ Delete
 NAME LEIDHOLDT, STEVE
 STREET ADDRESS 2030 ALTON COURT
 CITY-ST-ZIP ST LOUIS MO

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

TITLE D ☐ Delete
 NAME MURPHY, ANN
 STREET ADDRESS 54 W DANE ST
 CITY-ST-ZIP BEVERLY MA

TITLE ☒ Change ☐ Addition
 NAME Ann Murphy
 STREET ADDRESS 44 Garden St. #1
 CITY-ST-ZIP Danvers, MA 01923

TITLE S ☐ Delete
 NAME CARROTHER, SCOTT
 STREET ADDRESS 2346 WYECRAFT RD
 CITY-ST-ZIP OAKVILLE ONTARIO CA

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

TITLE CD ☐ Delete
 NAME MARION, JOSEPH
 STREET ADDRESS 1045 E ATLANTIC AVE, STE 206
 CITY-ST-ZIP DELRAY BCH FL

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

TITLE D ☐ Delete
 NAME ELICHOA, JOSEPH
 STREET ADDRESS 74 EVERGREEN DR
 CITY-ST-ZIP PORTLAND ME

TITLE ☐ Change ☐ Addition
 NAME
 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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/00 361-266-9440

CR2E037 (9/99)