

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000626

1. Entity Name

NORTH-AMERICAN ASSOCIATION OF TELECOMMUNICATIONS

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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

TITLE D ☐ Delete
NAME MURPHY, ANN
STREET ADDRESS 44 AARDEN 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 CD ☐ Delete
NAME MARION, JOSEPH
STREET ADDRESS 1045 E ATLANTIC AVE, STE 206
CITY-ST-ZIP DELRAY BCH FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME Tom Roles
STREET ADDRESS 3344 Hwy 149
CITY-ST-ZIP Eagan, MN 55121

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

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

Joseph Marion

5/1/01

561-266-9440

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90005 001 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)