

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000626

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** NORTH-AMERICAN ASSOCIATION OF TELECOMMUNICATIONS DEALERS, INC.

**Current Principal Place of Business:**

131 N.W. 1ST AVE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

131 N.W. 1ST AVE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 36-3479965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARION, JOSEPH  
131 N.W. 1ST AVE  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR. ( ) Delete  
Name: BONDE, CHRIS  
Address: 1450 HIGHWOOD EAST BLVD  
City-St-Zip: PONTIAC, MI 48340 US

Title: MR. ( ) Delete  
Name: PERLMUTTER, GREG  
Address: 34 WHITE LAKE ROAD  
City-St-Zip: SPARTA, NJ 07871 US

Title: MR. ( ) Delete  
Name: GOEBEL, JAMES  
Address: 19 WORTHINGTON ACCESS DRIVE  
City-St-Zip: MARYLAND HEIGHTS, MO 63043 US

Title: MR. ( ) Delete  
Name: NEGRI, JOHN  
Address: 15 GARDNER ROAD  
City-St-Zip: FAIRFIELD, NJ 07004 US

Title: MR. ( ) Delete  
Name: MARION, JOSEPH  
Address: 131 NW FIRST AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MR. (X) Change ( ) Addition  
Name: JOHNSON, CRAIG  
Address: 6 LOGUE COURT  
City-St-Zip: GREENVILLE, SC 29615 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MARION

DIR

01/14/2008

Electronic Signature of Signing Officer or Director

Date