2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** F98000003185 DOCUMENT # 05-05-2003 90351 048 ***150.00 1. Entity Name GPD TELECOM, INC. Principal Place of Business Mailing Address 11070/17 520 S. MAIN ST., STE, 2531 520 S. MAIN ST., STE, 2531 AKRON OH 44311 AKRON OH 44311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 34-1833912 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. X Addition TITLE Change TITI F ☐ Detete President NAME SHIVES, JAMES R NAME Jeffrey D. Evans 3036 LINDALE STREET ADDRESS 237 N. River Rd. STREET ADDRESS **AKRON OH 44312** CITY-ST-ZIP CITY-ST-ZIP Munroe Falls, OH 44262 TITLE X Delete TITLE Vice President ☐ Change X Addition NAME GRANGER, DAVID G NAME Darrin Kotecki 7232 Curry Circle 2872 BYRON DRIVE STREET ADDRESS STREET ADDRESS Hudson, OH 44236 CITY-ST-ZIP NORTH CANTON OH 44720 CITY-ST-ZIP Delete TITLE TITI F Secretary Change X Addition NAME MARTIN, DAVID J NAME Bradley D. Cramer STREET ADDRESS 8640 CANDLEBERRY NW STREET ADDRESS 1571 Carriage House Dr. Suffield, OH 44260 MASSILLON OH 44646 CITY-ST-ZIP CITY-ST-ZIP VΡ X Delete TITLE ☐ Change Addition TITLE CRAMER, BRADLEY D NAME NAME STREET ADDRESS 1571 CARRIAGE HOUSE DRIVE STREET ADDRESS CITY-ST-ZIP SUFFIELD OH 44260 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition

12. Thereby 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 true empowered to execute this report as required by Chapter 607, 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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Actiliames R. Shives, Treasurer 4/29/03

330 572-2100