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0553015

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90009 043 ***150.00

DOCUMENT # **F98000005433**

1. Corporation Name

COMPASS TELECOMMUNICATIONS INCORPORATED



Principal Place of Business

**7900 E. GREENWAY SUITE 203
SCOTTSDALE AZ 85260**

Mailing Address

**7900 E. GREENWAY SUITE 203
SCOTTSDALE AZ 85260**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1998

4. FEI Number

86-0913885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7001 N. SCOTTSDALE ROAD

Suite, Apt. #, etc.

22 SUITE 2000

City & State

23 SCOTTSDALE AZ

Zip

24 85250

Country

25 U.S.

2a. Mailing Address

26 7001 N. SCOTTSDALE RD.

Suite, Apt. #, etc.

27 SUITE 2000

City & State

28 SCOTTSDALE AZ

Zip

29 85250

Country

30 U.S.

9. Name and Address of Current Registered Agent

**AMERICAN REGULATORY SERVICES CORP.
6635 W COMMERCIAL BLVD.
TAMARAC FL 33319**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **POWERS, RAY**
STREET ADDRESS **7900 E GREENWAY SUITE 203**
CITY-ST-ZIP **SCOTTSDALE AZ 85260**

TITLE **VC** ☒ DELETE

NAME **TONEY, FRANK**
STREET ADDRESS **7900 E. GREENWAY SUITE 203**
CITY-ST-ZIP **SCOTTSDALE AZ 85260**

TITLE **D** ☒ DELETE

NAME **NEWMAN, LARRY**
STREET ADDRESS **7900 E. GREENWAY SUITE 203**
CITY-ST-ZIP **SCOTTSDALE AZ 85260**

TITLE **D** ☐ DELETE

NAME **QUINN, STEVE**
STREET ADDRESS **7900 E. GREENWAY SUITE 203**
CITY-ST-ZIP **SCOTTSDALE AZ 85260**

TITLE **D** ☒ DELETE

NAME **LINFORD, FRED**
STREET ADDRESS **7900 E. GREENWAY SUITE 203**
CITY-ST-ZIP **SCOTTSDALE AZ 85260**

TITLE **D** ☐ DELETE

NAME **BENBOW, MIKE**
STREET ADDRESS **7300 LAKESHORE DR. 38**
CITY-ST-ZIP **NEW ORLEANS LA 70124**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C** ☒ Change ☐ Addition

1.2 NAME **RAY POWERS**
1.3 STREET ADDRESS **7001 N. SCOTTSDALE ROAD SUITE 2000**
1.4 CITY-ST-ZIP **SCOTTSDALE, AZ. 85250**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **DIRECTOR**
3.3 STREET ADDRESS **CARL ISENBERG**
3.4 CITY-ST-ZIP **5555 NEW KING ST.
TROY, MI 48098**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **SECRETARY**
4.3 STREET ADDRESS **STEVE QUINN**
4.4 CITY-ST-ZIP **7001 N. SCOTTSDALE ROAD SUITE 2000**
SCOTTSDALE, AZ. 85250

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Quinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (602) 367-8000
Date Daytime Phone #

CR2E034 (1/1/98)