

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005433

1. Entity Name

COMPASS TELECOMMUNICATIONS INCORPORATED

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90069 001 \*\*\*150.00

Principal Place of Business

Mailing Address

7001 N SCOTTSDALE RD  
STE 2000  
SCOTTSDALE AZ 85250  
US

7001 N SCOTTSDALE RD  
STE 2000  
SCOTTSDALE AZ 85253-3666  
US

2. Principal Place of Business

3. Mailing Address

7001 N Scottsdale Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2000

City & State

Scottsdale, AZ

4. FEI Number

86-0913885

Applied For

Not Applicable

Zip

Country

Zip  
85250

Country

USA

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

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

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete  
NAME POWERS, RAY  
STREET ADDRESS 7001 N SCOTTSDALE RD STE 2000  
CITY-ST-ZIP SCOTTSDALE AZ 85250

TITLE C/P/M ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ISENBERG, CARL  
STREET ADDRESS 5555 NEW KING ST  
CITY-ST-ZIP TROY MI 48098

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

TITLE S ☒ Delete  
NAME QUINN, STEVE  
STREET ADDRESS 7001 N SCOTTSDALE RD STE 2000  
CITY-ST-ZIP SCOTTSDALE AZ 85260

TITLE S/T ☒ Change ☐ Addition  
NAME Travis Hash  
STREET ADDRESS 7001 N Scottsdale Rd, Suite 2000  
CITY-ST-ZIP Scottsdale, AZ 85250

TITLE D ☐ Delete  
NAME BENBOW, MIKE  
STREET ADDRESS 7300 LAKESHORE DR. 38  
CITY-ST-ZIP NEW ORLEANS LA 70124

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY POWERS 4-24-00 (480) 367-8000

Date

Daytime Phone #

CR2E014 (3/9/00)