2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT #-F99000005721

1. Entity Name
ENHANCED GLOBAL CONVERGENCE SERVICES, INC.

Principal Place of Business	Mailing Address
45 HIGH STREET NASHUA, NH 03060	45 HIGH STREET NASHUA, NH 03060

DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0510272

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	WILKINSON, PHILIP A
STREET ADDRESS	45 HIGH STREET
CITY-ST-ZIP	NASHUA, NH 03060
TITLE	PCD
NAME	FAIL, JOSEPH D
STREET ADDRESS	P.O. BOX 925
CITY-ST-ZIP	BAY SPRINGS, MS 39422
TITLE	VD
NAME	FRANK, WALTER J JR.
STREET ADDRESS	236 EAST CAPITOL STREET
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	V
NAME	HEALEA, ROBERT J
STREET ADDRESS	236 EAST CAPITOL STREET
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	V
NAME	CLARK, CLOYCE C JR.
STREET ADDRESS	3016 LINCOLN COURT
CITY-ST-ZIP	GARLAND, TX 75041
TITLE	ST
NAME	SKELTON, D. WAYNE
STREET ADDRESS	236 EAST CAPITOL STREET
CITY-ST-ZIP	JACKSON, MS 39201

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01/21/04-80005-016 150.00

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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 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.

SIGNATURE: _____ 603-889-8911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #