

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006690

FILED
Jun 06, 2006
Secretary of State

Entity Name: TELECOMMUNICATION CERTIFICATION BODY COUNCIL, INC.

Current Principal Place of Business:

849 NW S.R. 45
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

849 NW S.R. 45
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 06-1712558 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SANDERS, S. SIDNEY
849 NW S.R. 45
NEWBERRY, FL 32669 US

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: CHAI () Delete
Name: JUDGE, BARBARA L
Address: 10 SEA CREST COURT
City-St-Zip: HALF MOON BAY,, CA 94019

Title: DIR () Delete
Name: KIEMEL, GREG
Address: 22975 NW EVERGREEN PKWY STE 400
City-St-Zip: HILLSBORO, OR 97124

Title: DIR () Delete
Name: GRAFF, WILLIAM H
Address: 6731 WHITTIER AVE,
City-St-Zip: MCLEAN,, VA 22101

Title: DIR () Delete
Name: SANDERS, SAMUEL S
Address: 849 NW SR 45
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: S. S. SANDERS

TREA

06/06/2006

Electronic Signature of Signing Officer or Director

Date