2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006690

FILED Apr 27, 2007 Secretary of State

Entity Name: TELECOMMUNICATION CERTIFICATION BODY COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

849 NW S.R. 45

NEWBERRY, FL 32669

Current Mailing Address: New Mailing Address:

849 NW S.R. 45

NEWBERRY, FL 32669

FEI Number: 06-1712558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

Floring Complete of Decision of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHAI () Delete
Name: JUDGE, BARBARA L
Address: 10 SEA CREST COURT

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 (X) Delete
Name: SANDERS, SAMUEL S

Address: 849 NW SR 45
City-St-Zip: NEWBERRY, FL 32669

Title: CHAI (X) Change () Addition
Name: WARD, DENNIS

vame: VVARD, DENNIS

Address: 21200 COUNTRY VISTA DRIVE City-St-Zip: LIBERTY LAKE, WA 99019

Title: DIR (X) Change () Addition

Name: BARRY, QUINLAN
Address: 59 BRIAR TERRACE
City-St-Zip: LEOMINSTER, MA 01453

Title: DIR (X) Change () Addition

Name: JACKSON, TOM
Address: 328 QUAIL FLIGHT ROAD
City-St-Zip: FARMINGTON, UT 84025

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRIS HARVEY SECR 04/27/2007