

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006690

FILED
Apr 03, 2009
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Title: DIR () Delete
Name: BARRY, QUINLAN
Address: 59 BRIAR TERRACE
City-St-Zip: LEOMINSTER, MA 01453

Title: DIR () Delete
Name: JACKSON, TOM
Address: 328 QUAIL FLIGHT ROAD
City-St-Zip: FARMINGTON, UT 84025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHAI (X) Change () Addition
Name: KEIMEL, GREG
Address: 22975 NW EVERGREEN PKWY., SUITE 400
City-St-Zip: HILLSBORO, OR 97124 US

Title: VICE (X) Change () Addition
Name: DENNIS, WARD
Address: 21200 COUNTRY VISTA DRIVE
City-St-Zip: LIBERTY LAKE, WA 99019 US

Title: TREA (X) Change () Addition
Name: BARBARA, JUDGE
Address: 47173 BENECIA STREET
City-St-Zip: FREMONT, CA 94538 US

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

04/03/2009

Electronic Signature of Signing Officer or Director

Date