Amended FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 20 1997 8:00am
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06613 (6)

1. Corporation Name
INDEPENDENT TELEPHONE PIONEER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1401 H STREET NW STE 600 WASHINGTON DC 20005	C/O CSC 1201 HAYES ST TALLAHASSEE FL 32301-2608

3. Date Incorporated or Qualified: 12/12/1984
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 52-6068733 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	WILLIAMS, BILLY C	
STREET ADDRESS	P.O. BOX 485	
CITY-ST-ZIP	DAHLONEGA GA 30533	
TITLE	VPD	☒ DELETE
NAME	DUNLAP, JAMES	
STREET ADDRESS	P.O.B OX 770	
CITY-ST-ZIP	BLUEFIELD WV 24701-0770	
TITLE	VPD	☒ DELETE
NAME	MCVEY, ROSS	
STREET ADDRESS	P.O. BOX 628010	
CITY-ST-ZIP	MIDDLETON WI 53562-8010	
TITLE	Director	☐ DELETE
NAME	HANEY, LORETTA /D	
STREET ADDRESS	253 MYRTLE STREET	
CITY-ST-ZIP	REDLANDS CA 92373	
TITLE	TD	☐ DELETE
NAME	MCCARTNEY, JAMES	
STREET ADDRESS	940 LONG BLVD., SUITE 20	
CITY-ST-ZIP	LANSING MI 48909-3125	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES, MODIFICATIONS, DELETIONS

1.1 TITLE	Director	☒ Change ☐ Add
1.2 NAME	Glenn Jacobs	
1.3 STREET ADDRESS	8 Kingswood Drive	
1.4 CITY-ST-ZIP	Normal, IL 61761	
2.1 TITLE	Director	☒ Change ☐ Add
2.2 NAME	Ross McVey	
2.3 STREET ADDRESS	c/o TDS 8401 Greenway Blvd 11th Floor	
2.4 CITY-ST-ZIP	Middleton, WI 535 62	
3.1 TITLE	Director	☒ Change ☐ Add
3.2 NAME	Josepliine M. Pritchard	
3.3 STREET ADDRESS	81 Locust Avenue	
3.4 CITY-ST-ZIP	Hershey, PA 17033	
4.1 TITLE		☐ Change ☐ Add
4.2 NAME	100002220161--9	
4.3 STREET ADDRESS	-06/23/97--01130--002	
4.4 CITY-ST-ZIP	*****61.25 *****61.25	
5.1 TITLE	Director	☒ Change ☐ Add
5.2 NAME	James McCartney	
5.3 STREET ADDRESS	2121 University Park Dr Ste 150	
5.4 CITY-ST-ZIP	Okemos, MI 48864	
6.1 TITLE		☐ Change ☐ Add
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

MWB

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/27/97 202/326-723