

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06613** (6)  
1. Corporation Name  
**INDEPENDENT TELEPHONE PIONEER ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified <b>12/12/1984</b>	Applied For
4. FEI Number <b>52-6068733</b>	Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACOBS, GLENN</b>	
STREET ADDRESS	<b>8 KINGSWOOD DRIVE</b>	
CITY-ST-ZIP	<b>NORMAL IL 61761</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCVEY, ROSS</b>	
STREET ADDRESS	<b>C/O TDS 8401 GREENWAY BLVD., 11TH FLOOR</b>	
CITY-ST-ZIP	<b>MIDDLETON WI 53562</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRITCHARD, JOSEPHINE M</b>	
STREET ADDRESS	<b>81 LOCUST AVE</b>	
CITY-ST-ZIP	<b>HERSHEY PA 17033</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HANEY, LORETTA</b>	
STREET ADDRESS	<b>253 MYRTLE STREET</b>	
CITY-ST-ZIP	<b>REDLANDS CA 92373</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCARTNEY, JAMES</b>	
STREET ADDRESS	<b>2121 UNIVERSITY PARK DR., STE 150</b>	
CITY-ST-ZIP	<b>OKEMOS MI 48864</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Vanessa Horning</b>	
1.3 STREET ADDRESS	<b>4132 122nd Pl. SE</b>	
1.4 CITY-ST-ZIP	<b>Everett, WA 98208</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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; 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *James McCartney* **TREASURER** 2/7/98 (517) 347-5000

CR2037 (10/97)