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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03850

1. Entity Name
AMERICAN BELL COMMUNICATIONS, INC.



Principal Place of Business

ONE AT&T WAY
ROOM 4A235
BEDMINSTER, NJ 07921 US

Mailing Address

ONE AT&T WAY
ROOM 4A235
BEDMINSTER, NJ 07921 US

FILED

06 MAY -3 PM 4: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3214024

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE AS
NAME DUAH, ANTOINETTE A
STREET ADDRESS ONE AT & T WAY
CITY-ST-ZIP BEDMINSTER, NJ 07921

PR 5/19

TITLE AS
NAME TUTNAUER, JEFF
STREET ADDRESS ONE AT&T WAY
CITY-ST-ZIP BEDMINSTER, NJ 07921

TITLE VPS
NAME FEIT, ROBERT
STREET ADDRESS ONE AT&T WAY
CITY-ST-ZIP BEDMINSTER, NJ 07921

TITLE VP
NAME PESTER, DAVID
STREET ADDRESS ONE AT&T WAY
CITY-ST-ZIP BEDMINSTER, NJ 07921

TITLE AS
NAME METZGER, JKATHLEEN S
STREET ADDRESS ONE AT & T WAY
CITY-ST-ZIP BEDMINSTER, NJ 07921

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000074512140
05/12/06--01015--029 **3450.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

Date

(908) 234-8955

Daytime Phone #