SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (9)P20715 TELALEASING ENTERPRISES, INC. Mailing Address Principal Place of Business 601 WEST MORGAN **801 WEST MORGAN** JACKSONVILLE IL 62650 JACKSONVILLE IL 62650 3a. Date of Last Report 3. Date Incorporated or Qualified 08/08/1995 08/31/1988 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 37-0862688 26 \$8.75 Additional 21 Suite, Apt. #, etc. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199 032 23 Country Zip Country Zip Yes X No Florida Statutes 30 29 Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 Name PRENTICE-HALL CORPORATION SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 82 1201 HAYS STREET TALLAHASSEE FL 32301 63 Zip Code 85 84 City Pursuant to the provisions of Sections 607.0502 and 607.1508. 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (EOTE Registered Agent signature required when reinstating): SIGNATURE Signature type for professione of repotented apert and the Tapple able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)13. OFFICERS AND DIRECTORS Change Addition 12. DELETE 1 I TITLE TITLE 1.2 NAME HILL, DAVID NAME 13 STREET ADDRESS 1605 MOUND STREET ADDRESS 1.4 CITY - ST- ZIP JACKSONVILLE IL 62650 Change Addition CITY-ST-ZIF DELETE 2 1 TITLE TITLE 2.2 NAME WILNER, MICHELE NAME 2 3 STREET ADDRESS RR #5 STREET ADDRESS JACKSONVILLE IL 62650 2 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE TITLE 3 2 NAME HAYES, MICHAEL E NAME 33 STREET ADDRESS **18 GREENBRIAR** STREET ADDRESS 3.4 CITY-ST-ZIP JACKSONVILLE FL 62605 Change Addition CITY - ST - ZIE DELETE 4 I TITLE TITLE 4 2 NAME TURNIPSEED, MARLIN NAME 4.3 STHEET ADDRESS 601 W. MORGAN STREET ADDRESS 4 4 CITY - ST - ZIP JACKSONVILLE IL 62650 Change \_\_\_ Addition CITY-ST-ZIP DELETE 5 1 11TLE TITLE 5 2 NAME RAMMELKAMP, T.C. JR 5.3 STREET ADDRESS 1228 W. COLLEGE STREET ADDRESS 5 4 CHY - ST - ZIP JACKSONVILLE IL 62650 Change Addition City - St - ZIP DELETE 61 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information indicated on this annual report or supplierntal 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 reserver 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 in the an attacking that with an address

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

217-243-4391

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