

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075166 (7)

1. Corporation Name

DB TELCO, INC.

Principal Place of Business

**VILLAGE WEST/66
COUNTRY CLUB ROAD
GILFORD NH 03247**

Mailing Address

**P.O. BOX 7305
COUNTRY CLUB ROAD
GILFORD NH 03247
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/29/1993

3a. Date of Last Report

04/28/1994

4. FEI Number

02-0410801

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

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 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when remodeling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIBIASO, LAURENCE
STREET ADDRESS	25 GILMAN DR.
CITY-ST-ZIP	GILFORD NH
TITLE	AS
NAME	TREMPER, RICHARD E
STREET ADDRESS	7749 NE 8TH CT
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	SVENSON, RAY
STREET ADDRESS	1733 PARK STREET, SUITE 201
CITY-ST-ZIP	NAPERVILLE IL 60563
TITLE	AS
NAME	FLORIO, NICHOLAS
STREET ADDRESS	PO BOX 651 N/A
CITY-ST-ZIP	BOCA RATON FL
TITLE	VPST
NAME	DIBIASO, DIANE
STREET ADDRESS	25 GILMAN DR.
CITY-ST-ZIP	GILFORD NH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	D
6.3 STREET ADDRESS	MAUR, GIABARRE
6.4 CITY-ST-ZIP	4850 E CAMELBACK RD SUITE 300K PHOENIX, AZ 85018

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 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane P. DiBiao Diane P. DiBiao

4-21-95 603 524-6129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Day/Month/Year)