2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065385

Entity Name: TELEPHONE & DATA INC.

FILED Apr 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1402 NE 10TH TERRACE CAPE CORAL, FL 33909 US

Current Mailing Address: New Mailing Address:

1402 NE 10TH TERRACE CAPE CORAL, FL 33909

FEI Number: 65-0514569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOWERY, ROBERT L SR.

1402 NE 10TH TERRACE
CAPE CORAL, FL 33909 US

LOWERY, PAMELA S
1402 NE 10TH TERRACE
CAPE CORAL, FL 33909 US

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.

SIGNATURE: PAMELA S.LOWERY 04/19/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

US

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LOWERY SR., ROBERT L LOWERY SR., PAMELA S Name: Name: 1402 NE 10TH TERRACE 1402 NE 10TH TERRACE Address: Address: City-St-Zip: CAPE CORAL, FL 33909 US City-St-Zip: CAPE CORAL, FL 33909 US

Title: VP () Delete Title: VP (X) Change () Addition
Name: ROWERY ROBERT L JR Name: ROWERY ROBERT L SR

 Name:
 ROWERY, ROBERT L JR
 Name:
 ROWERY, ROBERT L SR

 Address:
 2259 LAUREL LANE
 Address:
 1402 NE 10TH TERRACE

 City-St-Zip:
 FORT MYERS, FL 33917
 City-St-Zip:
 FORT MYERS, FL 33917

Title: VT () Delete Title: VT (X) Change () Addition

 Name:
 LOWERY, PÂMELA S
 Name:
 FONTAINE, APRIL

 Address:
 1402 NE 10TH TERRACE
 Address:
 1402 NE 10TH TERRACE

 City-St-Zip:
 CAPE CORAL, FL 33909
 City-St-Zip:
 CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA S. LOWERY PS 04/19/2004