

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000034696

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: THE OTHER PHONE COMPANY, INC.

## Current Principal Place of Business:

6805 ROUTE 202  
NEW HOPE, PA 18938

## New Principal Place of Business:

## Current Mailing Address:

6805 ROUTE 202  
NEW HOPE, PA 18938

## New Mailing Address:

FEI Number: 65-0705374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: METERCORD, EDWARD  
Address: 6805 ROUTE 202  
City-St-Zip: NEW HOPE, PA 18938

Title: CFO ( ) Delete  
Name: ZAHKA, DAVID G  
Address: 6805 ROUTE 202  
City-St-Zip: NEW HOPE, PA 18938

Title: EVP ( ) Delete  
Name: EARHART, JEFFREY  
Address: 2704 ALT. 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34683

Title: SVPF ( ) Delete  
Name: WALSH, THOMAS  
Address: 6805 ROUTE 202  
City-St-Zip: NEW HOPE, PA 18938

Title: EVP ( ) Delete  
Name: BRASSELLE, WARREN  
Address: 12020 SUNRISE VALLEY DR  
City-St-Zip: RESTON, VA 20190

Title: EVGC ( ) Delete  
Name: LAWN, ALOYSIUS T IV  
Address: 6805 ROUTE 202  
City-St-Zip: NEW HOPE, PA 18938

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MEYERCORD, EDWARD  
Address: 6805 ROUTE 202  
City-St-Zip: NEW HOPE, PA 18938

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: FRANCIE MCCOMB

VP

04/28/2006

Electronic Signature of Signing Officer or Director

Date