

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90146 046 ***150.00

DOCUMENT # S20259

1. Corporation Name

NATIONAL BUSINESS TELEPHONE SERVICES, INC.

Principal Place of Business

2325 ULMERTON RD
SUITE 27
CLEARWATER FL 34622

Mailing Address

2325 ULMERTON RD
SUITE 27
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1990

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 440 Sawgrass Corp. Pkwy

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

59-3043644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BIAVA, PAUL
2325 ULMERTON RD
SUITE 27
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name

Johannes Seefried

82 Street Address (P.O. Box Number is Not Acceptable)

440 Sawgrass Corporate Pkwy

83

Suite 112

84 City

Sunrise

FL

85

Zip Code

33325

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 reinstating)

DATE

Johannes Seefried

4-29-99

12. OFFICERS AND DIRECTORS

TITLE EVP
NAME PAUL E. BIAVA
STREET ADDRESS 1340 GULF BLVD, APT. 8B
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

TITLE EVP
NAME RON LAESSIG
STREET ADDRESS 4313 AUSTON WAY
CITY-ST-ZIP PALM HARBOR FL

☒ DELETE

TITLE CFO
NAME RICHARD SYREK
STREET ADDRESS 362 DEVON DRIVE
CITY-ST-ZIP EXTON PA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C
1.2 NAME Luca Giussani
1.3 STREET ADDRESS 440 Sawgrass Corporate Pkwy #112
1.4 CITY-ST-ZIP Sunrise, FL 33325

☐ Change ☒ Addition

2.1 TITLE P
2.2 NAME Jeffrey Chaskin
2.3 STREET ADDRESS 440 Sawgrass Corporate Pkwy #112
2.4 CITY-ST-ZIP Sunrise, FL 33325

☐ Change ☒ Addition

3.1 TITLE S
3.2 NAME Johannes Seefried
3.3 STREET ADDRESS 440 Sawgrass Corporate Pkwy #112
3.4 CITY-ST-ZIP Sunrise, FL 33325

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Johannes Seefried 4-29-99 954-846-7887

Date

Daytime Phone #

CR2E034 (11/98)