2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004706

1. Entity Name
CONSOLIDATED COMMUNICATIONS OPERATOR SERVICES, INC.

Principal Place of Business	Mailing Address
121 SOUTH 17TH STREET MATTOON, IL 61938	121 SOUTH 17TH STREET MATTOON, IL 61938

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0636485
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000121737
04/21/04-80001-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CURREY, ROBERT
STREET ADDRESS	121 S. 17TH STREET
CITY-ST-ZIP	MATTOON, IL 61938
TITLE	V
NAME	CHILDERS, STEVEN L
STREET ADDRESS	121 S. 17TH STREET
CITY-ST-ZIP	MATTOON, IL 61938
TITLE	CD
NAME	LUMPKIN, RICHARD A
STREET ADDRESS	121 S. 17TH STREET
CITY-ST-ZIP	MATTOON, IL 61938
TITLE	D
NAME	HESTER, JANICE L
STREET ADDRESS	121 S 17TH ST
CITY-ST-ZIP	MATTOON, IL 61938
TITLE	TS
NAME	GRISSOM, STEVEN L
STREET ADDRESS	121 S 17TH ST
CITY-ST-ZIP	MATTOON, IL 61938
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice L. Hester 4/8/04 (217)234-9964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #