

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003275

1. Entity Name

CONSOLIDATED COMMUNICATIONS PUBLIC SERVICES,
INC.



Principal Place of Business

121 S. 17TH STREET
MATTOON, IL 61938

Mailing Address

121 S. 17TH STREET
MATTOON, IL 61938



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

37-1246556

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 AVENUE
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME MARONI, KEVIN J
STREET ADDRESS 121 S. 17TH STREET
CITY-ST-ZIP MATTOON, IL 61938

TITLE D
NAME PELSON, MARK A
STREET ADDRESS 121 S. 17TH STREET
CITY-ST-ZIP MATTOON, IL 61938

TITLE DJ
NAME CURREY, ROBERT J
STREET ADDRESS 121 S. 17TH STREET
CITY-ST-ZIP MATTOON, IL 61938

TITLE DC
NAME LUMPKIN, RICHARD A
STREET ADDRESS 121 S. 17TH STREET
CITY-ST-ZIP MATTOON, IL 61938

TITLE VP
NAME CHILDERS, STEVEN L
STREET ADDRESS 121 S. 17TH STREET
CITY-ST-ZIP MATTOON, IL 61938

TITLE TS
NAME GRISSOM, STEVEN L
STREET ADDRESS 121 S. 17TH STREET
CITY-ST-ZIP MATTOON, IL 61938

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03/26/04-80008-009 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #