

1.) CORPORATION NAME:

PROFESSIONAL TELECONCEPTS, INC.

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1638883**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5132 STATE HWY 12 SOUTH

CITY/ST/ZIP: NORWICH, NY 13815

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: ERIC P BURRELL TITLE: PRESIDENT ADDRESS: 5132 STATE HWY 12 SOUTH CITY/ST/ZIP/CO: NORWICH, NY 13815</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH BLIDY TITLE: VICE PRESIDENT ADDRESS: 5132 STATE HWY 12 SOUTH CITY/ST/ZIP/CO: NORWICH, NY 13815</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: TARA J. FOX-WILLIS TITLE: CFO/VP/AS ADDRESS: 5132 STATE HWY 12 SOUTH CITY/ST/ZIP/CO: NORWICH, NY 13815</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN T. MARSHALL TITLE: EXEC. VP ADDRESS: 5132 STATE HWY 12 SOUTH CITY/ST/ZIP/CO: NORWICH, NY 13815</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: TIMOTHY RYAN TITLE: COO/VP ADDRESS: 5132 STATE HWY 12 SOUTH CITY/ST/ZIP/CO: NORWICH, NY 13815</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: KERT STEWARD TITLE: VICE PRESIDENT ADDRESS: 5132 STATE HWY 12 SOUTH CITY/ST/ZIP/CO: NORWICH, NY 13815</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: H. ANDREW DEFERRARI TITLE: TREASURER ADDRESS: 11770 US HWY 1 SUITE 101 CITY/ST/ZIP/CO: PALM BEACH GARDENS, FL 33408	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JENNIFER S. SNOW TITLE: ASST TREASURER ADDRESS: 11770 US HWY 1 SUITE 101 CITY/ST/ZIP/CO: PALM BEACH GARDENS, FL 33408	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RICHARD B. VILSOET TITLE: SECRETARY ADDRESS: 11770 US HWY 1 SUITE 101 CITY/ST/ZIP/CO: PALM BEACH GARDENS, FL 33408	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: H. ANDREW DEFERRARI TITLE: DIRECTOR ADDRESS: 11770 US HWY 1 SUITE 101 CITY/ST/ZIP/CO: PALM BEACH GARDENS, FL 33408	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN NIELSEN TITLE: DIRECTOR ADDRESS: 11770 US HWY 1 SUITE 101 CITY/ST/ZIP/CO: PALM BEACH GARDENS, FL 33408	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ RICHARD B. VILSOET SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD B. VILSOET, SECRETARY PRINTED NAME AND CORPORATE TITLE
9/2/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	