

State of California
Secretary of State



09-361762

FILED
In the office of the Secretary of State
of the State of California

AUG 17 2009

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STATEMENT OF INFORMATION

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter if name is preprinted.)

C2033798
ADVANCED VOICE & DATA, INC.
1300 GALAXY WY STE 21
CONCORD CA 94520

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DUE DATE: 08-31-09

NO CHANGE STATEMENT (Not applicable if agent address of record is a P.O. Box address. See instructions.)

2. If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 16**.
☐ If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

	STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
3.	1300 Galaxy Way #21	Concord	CA	94520
4.	STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
	Same		CA	
5.	MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 3	CITY	STATE	ZIP CODE
	Same			

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

	NAME	ADDRESS	CITY	STATE	ZIP CODE
6.	CHIEF EXECUTIVE OFFICER/				
	SCOTT LEVINE	1300 Galaxy Way #21	Concord	CA	94520
7.	SECRETARY/				
	SCOTT LEVINE	Same			
8.	CHIEF FINANCIAL OFFICER/				
	SCOTT LEVINE	Same			

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

	NAME	ADDRESS	CITY	STATE	ZIP CODE
9.	SCOTT LEVINE	1300 Galaxy Way #21	Concord	CA	94520
10.	NAME	ADDRESS	CITY	STATE	ZIP CODE
11.	NAME	ADDRESS	CITY	STATE	ZIP CODE

12. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 14 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 14 must be left blank.)

13. NAME OF AGENT FOR SERVICE OF PROCESS

	NAME	ADDRESS	CITY	STATE	ZIP CODE
14.	SCOTT LEVINE	1300 Galaxy Way #21	Concord	CA	94520

TYPE OF BUSINESS

15. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

LOW VOLTAGE CABLE INSTALLATIONS

16. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT

8/9/09

Tracy Levine

ACCTNT

[Signature]