

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P28942

1. Entity Name:

VALUE-ADDED COMMUNICATIONS, INC.

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-09-2000 90081 017 ***150.00

Principal Place of Business 1601 N COLLINS BLVD RICHARDSON TX 75080 US	Mailing Address 1601 N COLLINS BLVD RICHARDSON TX 75080-3520 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3617386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent CT-CORPORATION-SYSTEM 1200 S. PINE-ISLAND-ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name: CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City: TALLAHASSEE FL Zip Code: 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.

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

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBSON, JERRY D <input type="checkbox"/> Delete 1601 NORTH COLLINS BOULEVARD RICHARDSON TX 75080	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUNDQUIST, GEORGE <input checked="" type="checkbox"/> Delete 800 NORTH JUPITER RD. PLANO TX 75074	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPBELL, E. WAYNE <input checked="" type="checkbox"/> Delete 14100 SAN PEDRO, SUITE 400 SAN ANTONIO TX 78232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **RICHARD WENDT - CONTROLLER** *4/26/00* **972-470-1010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[Signature] **Kermit D. Heaton - Vice President**

Attachment 104549

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28942
 1. Entity Name
 VALUE-ADDED COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
 1601 N. Collins Blvd. 1601 N. Collins Blvd.
 Richardson, TX 75080 Richardson, TX 75080

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 36-3617386 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT Corporation System
 1200 S. Pine Island Road
 Plantation, FL 33324

7. Name and Address of New Registered Agent
 Name Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
 City Tallahassee FL Zip Code 32301

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.
 SIGNATURE *Darlene Parker* Darlene Parker - Vice President DATE 6/12/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEES \$150.00
After MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President GIBSON, JERRY D. 1601 N. Collins Blvd. Richardson <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP- LUNDQUIST, GEORGE <input checked="" type="checkbox"/> Delete 800 N. Jupiter Rd Plano, TX 75074
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S - CAMPBELL, E. WAYNE <input checked="" type="checkbox"/> Delete 14100 San Pedro, Suite 400 San Antonio, TX 78232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP- KERMIT D. HEATON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1601 N. Collins Blvd. Richardson, TX 75080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP- STEPHEN HODGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1601 N. Collins Blvd. Richardson, TX 75080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S- KERMIT D. HEATON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1601 N. Collins Blvd. Richardson, TX 75080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SA Hodge* Date 6/13/00 Daytime Phone # 972-479-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)