

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000088

1. Entity Name  
DPI TELECONNECT, L.L.C.

FILED

01 APR 23 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2997-LBJ FREEWAY, SUITE 225  
DALLAS TX 75234

Mailing Address  
2997-LBJ FREEWAY, SUITE 225  
DALLAS TX 75234



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6455 East Johns Crossing

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 285

City & State

City & State  
Duluth, GA

4. FEI Number 75-2793726

Applied For  
Not Applicable

Zip

Country

Zip  
30097

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TCS CORPORATE SERVICES, INC.  
1406 HAYS STREET  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME PIKOFF, DAVID M  
STREET ADDRESS 2997-LBJ FREEWAY, SUITE 225  
CITY-ST-ZIP DALLAS TX 75234 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR  
NAME DORWART, DAVID B  
STREET ADDRESS 2997-LBJ FREEWAY, SUITE 225  
CITY-ST-ZIP DALLAS TX 75234 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
800004163998--2  
-05/08/01--01154--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE MGR  
NAME William E. Morgenstern  
STREET ADDRESS 2997 LBJ Freeway, Ste 225  
CITY-ST-ZIP Dallas, TX 75234 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *David B. Dorwart* MANAGER

4-18-01

(972) 488-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

0002919 SP