

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 11 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                |                    |
|----------------|--------------------|
| DOCUMENT #     | F01000002081       |
| 1. Entity Name | SBC SERVICES, INC. |



|  |   |
|--|---|
| Principal Place of Business<br>175 EAST HOUSTON STREET<br>SAN ANTONIO TX 78205 | Mailing Address<br>1010 N ST MARY'S STREET<br>ROOM 9-Y-40<br>SAN ANTONIO TX 78215 |
|--|---|



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

☒ CHECK HERE IF MAKING CHANGES

|                                  |                          |                                |                |
|----------------------------------|--------------------------|--------------------------------|----------------|
| 4. FEI Number                    | 74-2782655               | Applied For                    | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |                |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent                              | 7. Name and Address of New Registered Agent                                       |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when releasing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                |  |
|---|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| SVP<br>MANNING, MARY T<br>ONE SBC PLAZA<br>DALLAS TX 75202                    |  | VP<br>600020780086<br>06/11/03--01056--009 **150.00                  |  |
| P<br>WELCH, STEPHEN G<br>175 EAST HOUSTON STREET<br>SAN ANTONIO TX 78205      | <input checked="" type="checkbox"/> Delete | D<br>Randall Stephenson<br>175 E. Houston<br>San Antonio Texas 78205 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D<br>RICHTER, ALFRED G JR.<br>175 EAST HOUSTON STREET<br>SAN ANTONIO TX 78205 | <input type="checkbox"/> Delete            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| PGEO<br>GLOTZBACH, EDWARD L<br>ONE SBC CENTER<br>SAINT LOUIS MO 63101         | <input type="checkbox"/> Delete            | P/D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| S<br>ANDERSON, PAULA<br>175 EAST HOUSTON STREET<br>SAN ANTONIO TX 78205       | <input type="checkbox"/> Delete            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| T<br>VIOLA, MICHAEL J<br>175 EAST HOUSTON STREET<br>SAN ANTONIO TX 78205      | <input type="checkbox"/> Delete            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 OF MICHAEL VIOLA 4/23/03 210-886-4907

CR2E034 (10/02)

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