

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90220 014 \*\*\*150.00

DOCUMENT # 833095

1. Corporation Name

ALLTEL INFORMATION SERVICES, INC.

Principal Place of Business

4001 RODNEY PARHAM ROAD  
LITTLE ROCK AR 72212

Mailing Address

4001 RODNEY PARHAM ROAD  
LITTLE ROCK AR 72212

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1974

4. FEI Number

71-0405375

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C  
NAME CRAVENS, WILLIAM L  
STREET ADDRESS 4001 RODNEY PARHAM RD  
CITY-ST-ZIP LITTLE ROCK AR

TITLE ☐ DELETE

VPS  
NAME GRAVELLE, MICHAEL L  
STREET ADDRESS 4001 RODNEY PARHAM RD  
CITY-ST-ZIP NORTH LITTLE ROCK AR

TITLE ☐ DELETE

VP  
NAME VANCE, DANNY R  
STREET ADDRESS 4001 RODNEY PARHAM RD  
CITY-ST-ZIP LITTLE ROCK AR

TITLE ☐ DELETE

D  
NAME FORD, JOE T.  
STREET ADDRESS ONE ALLIED DRIVE  
CITY-ST-ZIP LITTLE ROCK AR

TITLE ☐ DELETE

P  
NAME FOX, JEFFREY H  
STREET ADDRESS 4001 RODNEY PARHAM RD.  
CITY-ST-ZIP LITTLE ROCK AR

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

UPS  
Gravelle, Michael L.  
4001 Rodney Parham Rd  
Little Rock, AR 72212

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99 501-220-4409  
Date Daytime Phone #

0551029

CR2E034 (1/1/98)