

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 833095

1. Entity Name

ALLTEL INFORMATION SERVICES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90357 049 ***150.00

Principal Place of Business

Mailing Address

4001 RODNEY PARHAM ROAD
 LITTLE ROCK AR 72212

4001 RODNEY PARHAM ROAD
 LITTLE ROCK AR 72212-2442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-0405375

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE CFO ☐ Change ☒ Addition
 NAME Sue Magsley
 STREET ADDRESS 4001 Rodney Parham Rd
 CITY-ST-ZIP Little, AR 72212-2496

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

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

Date

4/28/00

Daytime Phone #

(501) 220-5480

CR2E034 (9/99)