

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90375 048 ***150.00

10/21/00 AI

DOCUMENT # 847975
 1. Entity Name
AMERILINK CORPORATION

Principal Place of Business Mailing Address
6526 W CAMPUS OVAL **PO BOX 1643**
STE 200 **FORT WORTH TX 76101-1643**
NEW ALBANY OH 43054



DO NOT WRITE IN THIS SPACE

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

4. FEI Number Applied For
31-0998690 Not Applicable
 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 Name
1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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 _____ (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.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHER, DAVID 100 THROCKMORTON STE 1900 FORT WORTH TX 76102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David J. Edmondson 100 Throckmorton ST Ste 1900 Fort Worth, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILINSKI, ROBERT J 200 TAYLOR STREET STE 700 FORT WORTH TX 76102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard J. Borinstein 100 Throckmorton St Ste 1900 Fort Worth, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LAMBERT, LINDA E 6525 W CAMPUS OVAL STE 200 NEW ALBANY OH 43054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Remove as Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDBERG, DAVID S 100 THROCKMORTON STE 1700 FORT WORTH TX 76102 <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	VPT JENSEN, LOREN K 100 THROCKMORTON ST STE 1800 FORT WORTH TX 76102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer- Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Martin O. Moad 100 Throckmorton St Ste 1800 Fort Worth TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO BIXBY, CHARLES J 6525 W CAMPUS OVAL STE 200 NEW ALBANY OH 43054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President- Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frederic Walkover 6525 West Campus Oval Ste 200 New Albany, OH 43054

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: *David S. Goldberg* **David S. Goldberg** Secretary 4-11-02 (817)415-3116
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)