

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2002 90375 048 ***150.00

DOCUMENT # 847975

1. Entity Name

AMERILINK CORPORATION

Principal Place of Business

**6526 W CAMPUS OVAL
 STE 200
 NEW ALBANY OH 43054**

Mailing Address

**PO BOX 1643
 FORT WORTH TX 76101-1643**

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

31-0998690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE **D** ☒ Delete
 NAME **CHRISTOPHER, DAVID**
 STREET ADDRESS **100 THROCKMORTON STE 1900**
 CITY-ST-ZIP **FORT WORTH TX 76102**

TITLE **PD** ☒ Delete
 NAME **KILINSKI, ROBERT J**
 STREET ADDRESS **200 TAYLOR STREET STE 700**
 CITY-ST-ZIP **FORT WORTH TX 76102**

TITLE **VT** ☐ Delete
 NAME **LAMBERT, LINDA E**
 STREET ADDRESS **6525 W CAMPUS OVAL STE 200**
 CITY-ST-ZIP **NEW ALBANY OH 43054**

TITLE **S** ☐ Delete
 NAME **GOLDBERG, DAVID S**
 STREET ADDRESS **100 THROCKMORTON STE 1700**
 CITY-ST-ZIP **FORT WORTH TX 76102**

TITLE **VPT** ☒ Delete
 NAME **JENSEN, LOREN K**
 STREET ADDRESS **100 THROCKMORTON ST STE 1800**
 CITY-ST-ZIP **FORT WORTH TX 76102**

TITLE **VPO** ☒ Delete
 NAME **BIXBY, CHARLES J**
 STREET ADDRESS **6525 W CAMPUS OVAL STE 200**
 CITY-ST-ZIP **NEW ALBANY OH 43054**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition
 NAME **David J. Edmondson**
 STREET ADDRESS **100 Throckmorton ST Ste 1900**
 CITY-ST-ZIP **Fort Worth, TX 76102**

TITLE **President/Director** ☐ Change ☒ Addition
 NAME **Richard J. Borinstein**
 STREET ADDRESS **100 Throckmorton St Ste 1900**
 CITY-ST-ZIP **Fort Worth, TX 76102**

TITLE **Remove as Treasurer** ☒ Change ☐ Addition

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

TITLE **Treasurer- Asst. Secretary** ☐ Change ☒ Addition
 NAME **Martin O. Moad**
 STREET ADDRESS **100 Throckmorton St Ste 1800**
 CITY-ST-ZIP **Fort Worth TX 76102**

TITLE **Vice President- Operations** ☐ Change ☒ Addition
 NAME **Frederic Walkover**
 STREET ADDRESS **6525 West Campus Oval Ste 200**
 CITY-ST-ZIP **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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Goldberg

Secretary 4-11-02 (817)415-3116

Date

Daytime Phone #

CR2E034 (9/01)