

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020172 AB

**DOCUMENT #** B00000000255  
**1. Entity Name**  
 WILLIAMS COMMUNICATIONS PROCUREMENT, LP

**FILED**

02 MAY -1 PM 5:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business**      **Mailing Address**  
 ONE WILLIAMS CENTER      ONE WILLIAMS CENTER  
 TULSA OK 74172      TULSA OK 74172

**2. Principal Place of Business**      **3. Mailing Address**  
 One Technology Ctr      One Technology Ctr.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 TC-15B      TC-15B  
 City & State      City & State  
 Tulsa, OK      Tulsa OK  
 Zip      Zip      Country      Country  
 74103      USA      74103      USA

**DUE BY MAY 1, 2002**

**4. FEI Number** 73-1593766      Applied For  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 C T CORPORATION SYSTEM  
 1200 SOUTH 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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions as Shown on record.** \$100.00

**10. Amount of Capital Contributions in FLORIDA to date.** \$100.00

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	M01000000046
NAME	WILLIAMS COMMUNICATIONS, LLC
STREET ADDRESS	ONE WILLIAMS CENTER
CITY-ST-ZIP	TULSA OK 74172
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>BK</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005538398--0
CITY-ST-ZIP	-05/16/02--01002--007
STREET ADDRESS	****141.25 ****141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** *William Kindell* **General Partner**      *03/28/02*      *(918)547-7693*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/01)