

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91216 020 \*\*\*150.00

**DOCUMENT #** F00000003209  
**1. Entity Name**  
 SBC MANAGEMENT SERVICES USA, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 175 E. Houston St. Suite, Apt. #, etc. Room 8-H-60 City & State San Antonio, TX Zip 78205		<b>3. Mailing Address</b> 175 E. Houston St. Suite, Apt. #, etc. Room 8-H-60 City & State San Antonio, TX Zip 78205	
Country US	Country US		

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 74-2826922	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> CT Corporation System	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1200 South Pine Island Road	
<b>City</b> Plantation	<b>FL</b> <b>Zip Code</b> 33324

**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.** (See criteria on back)

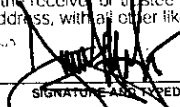

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P/COB</b> James W. Callaway 175 E. Houston; Rm. 1200 San Antonio, TX 78205	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> Alfred G. Richter, Jr. 175 E. Houston; Rm. 4-A-70 San Antonio, TX 78205	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> Wayne A. Wirtz 175 E. Houston; Rm. 206 San Antonio, TX 78205	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> Jim G. McGuire 175 E. Houston; Rm. 7-B-80 San Antonio, TX 78205	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**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 on an attachment with an address, with an officer like empowered.**

**SIGNATURE:**  **Jim G. McGuire**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)