

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91363 004 ***150.00

DOCUMENT # F00000003209

1. Entity Name
SBC MANAGEMENT SERVICES USA, INC.

DO NOT WRITE IN THIS SPACE

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| 175 EAST HOUSTON STREET | | 175 EAST HOUSTON STREET | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| ROOM 8-P-60 | | ROOM 8-P-60 | |
| City & State | | City & State | |
| SAN ANTONIO, TX | | SAN ANTONIO, TX | |
| Zip | Country | Zip | Country |
| 78205 | US | 78205 | US |

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

| | |
|---|-----------------|
| Name | |
| CT CORPORATION SYSTEM | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 1200 SOUTH PINE ISLAND ROAD | |
| City | Zip Code |
| PLANTATION | FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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


9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE PRESIDENT/CHAIRMAN OF THE BOARD NAME DUANE HELM STREET ADDRESS 175 E. HOUSTON ST.; RM 3-H-60 CITY-ST-ZIP SAN ANTONIO, TX. 78205 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE DIRECTOR NAME ALFRED G. RICHTER, JR. STREET ADDRESS 175 E. HOUSTON ST.; RM 4-A-70 CITY-ST-ZIP SAN ANTONIO, TX. 78205 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE VICE PRESIDENT/SECRETARY NAME PAULA M. ANDERSON STREET ADDRESS 175 E. HOUSTON ST.; RM 224 CITY-ST-ZIP SAN ANTONIO, TX. 78205 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE TREASURER NAME JIM G. MCGUIRE STREET ADDRESS 175 E. HOUSTON ST.; RM 7-B-80 CITY-ST-ZIP SAN ANTONIO, TX. 78205 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE ASSISTANT TREASURER NAME DANIEL V. JAMES STREET ADDRESS 175 E. HOUSTON ST.; RM 7-E-10 CITY-ST-ZIP SAN ANTONIO, TX 78205 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP |

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JIM G. MCGUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03 **(210) 351-3913**

Date **Daytime Phone #**

CR2E034B (12/02)