


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

| | | | | | |
|---|--|--|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # F93000002793 (8) 1. Corporation Name SOUTHWESTERN BELL TELEPHONE COMPANY | | | | | |
| Principal Place of Business SHELIA MIDDLETON ONE BELL CENTER, ROOM 34-H-3 ST. LOUIS MO 63101-3099 | | | Mailing Address SHELIA MIDDLETON ONE BELL CENTER, ROOM 34-H-3 ST. LOUIS MO 63101 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 06/01/1993 3a. Date of Last Report 05/01/1996 4. FEI Number 43-0529710 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable | | | | | |
| 12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP T RICHARD G LINDNER 909 CHESTNUT RM 4212 ST LOUIS MO <input checked="" type="checkbox"/> DELETE PD MUELLER, EDWARD A 909 CHESTNUT, RM 4200 ST LOUIS MO <input checked="" type="checkbox"/> DELETE S T. MICHAEL PAYNE 909 CHESTNUT, RM 4107 ST LOUIS MO <input type="checkbox"/> DELETE CD CALDWELL, ROYCE S 175 E HOUSTON, RM 1307 SAN ANTONIO TX <input checked="" type="checkbox"/> DELETE D DREYER, WILLIAM E 175 E HOUSTON, RM 1304 SAN ANTONIO TX <input checked="" type="checkbox"/> DELETE V MICHAEL N GILLIAM 909 CHESTNUT, RM 4214 ST. LOUIS MO <input checked="" type="checkbox"/> DELETE | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE VP-CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Richard G. Lindner 1.3 STREET ADDRESS 909 Chestnut, Rm 4212 1.4 CITY-ST-ZIP St. Louis, MO 63101 2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME J. Cliff Eason 2.3 STREET ADDRESS 15660 Dallas Pwky 2.4 CITY-ST-ZIP Dallas, TX 75248 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Roger W. Wohlert 4.3 STREET ADDRESS 175 E. Houston, Rm 7-B-80 4.4 CITY-ST-ZIP San Antonio, TX 78205 5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Alfred G. Richter 5.3 STREET ADDRESS 175 E. Houston, Rm 1230 5.4 CITY-ST-ZIP San Antonio, TX 78205 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13. I changed, or on an attachment with an address.

SIGNATURE: Richard G. Lindner VP-CFO 4/3/97 314-235-4703
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0527910

CR2E034 (9/96)