FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90103 021 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000002793

1. Corporation Name

SOUTHWESTERN BELL TELEPHONE COMPANY

Principal P ace of Business		Mailing Address							
1010 N ST WAI	RY'S #11-X-1	1010 N ST MARY'S							
SAN ANTONIO	TX 78215	RM. 11-X-1				DO NOT WRITE IN THIS	SPACE		
US		SAN ANTONIO TX 78215				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
		US				T'			
						06/01/1993 4. FEI Number		r lied For	
2. Principal Pi	lace of Business	2a. Mailing Address						·	
21						43-0529710		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75		
22		27					Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 (May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Cour try	Zip	Cou	ntry		8. This corporation owes the current year n		17	
24	25		30		<u></u>	Persor al Property Tax.	Yes	∐No	
	9. Name and Address of Curren	Registered Agent				10. Name and Address of New Registers d	Agent		
				81	Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				82	Street /	Acdress (P.O. Box Number is Not Acceptable)			
				-	Duecti	The dieses (1 . o . Box Hallings to Hear to Expense)		_	
Plai	NTATION FL 33324			83					
							11 -		
i				84	City	FL	85 Zip (Code	
44 Busquant	to the gravisions of Scotions 607 050	and 607 1508. Florida Statu	es the al	onve	-named	ocrooration submits this statement for the purpose of	changing its	registered	
office or n	enistered agent, or both, in the State (of Florida. Such change was a	iutnorized	DV :	тпе согро	oration's board of directors. I hereby accept the appoint	intment as re	g stered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fit	orida Stati	ites.					
SIGNATURE						required when reinstating) DATE			
	Signature, typed or printed na ne of registered ager	and title if applicable. (NOT :: Registered Agent signature) DIRECTORS 13.		. signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF'S IN 12				
12.		DELETE	_	1,1 TITLE		VPCFO	Change	Addition	
TITLE	VPCF	XXDELLIL	12 NAME					XX	
NAME	LINDER, RICHARD G				1	McCullough, William B.			
STREET ADDRESS	909 CHESTNUT RN 4212		1.3 ST	1.3 STREET ADDRESS		530 McCullough, Room 1452			
CITY-ST-ZIP	ST LOUIS MO		1.4 CI		-ZIP	San Antonio, TX 78215	- FRO	Addition	
TITLE	P	☐ DELETE	2.1 TIT	LE			XX Change	[_] Addition	
NAME	ATTERBURY, JOHN H		2.2 NA	ME	i	<u> </u>			
STREET ADDRESS	175 E HOUSTON	STON		2.3 STREET ADDRESS		530 McCullough, Room 1460			
CITY-ST-ZIP	SAN ANTONIO TX 78205		2.4 C	TY-S	T-ZIP	San Antonio, TX 78215			
TITLE	S	☐ DELETE	3.1 TIT	3.1 TITLE			X 🏌 Change	Addition	
NAME	SNYDER DONNA L		3.2 NA	3.2 NAME					
STREET ADDRE IS	509 S DETROIT			3,3 STREET		One Bell Plaza, Room 3704			
	TULSA OK 74120			3.4. CITY-ST-2		pallas, TX 75202			
CITY-ST-ZIP	T	□ □ DELETE	4.1 TII		- 4.11	Julius, III / Julius	☐ Change	Addition	
	MOULEDT DOCED W	<u></u>	4, 2 N				_ ~	_	
NAME	WOHLERT, ROGER W								
STREET ADDRESS	175 E HOUSTON, RM 7-B-80		4.3 STREET						
CITY-ST-ZIP	SAN ANTONIO TX			4.4 CITY-ST-ZIP			* Change	☐ Addition	
TITLE	D	☐ DELETE	5 1 TI				XXchange	<u> </u>	
NAME	RICHTER, ALFRED G			5.2 NAME		530 McCullough, Room 1446			
STREET ADDRESS	175 E HOUSTON, RM 1230			5.3 STREET ADDRESS					
CITY-ST-ZIP	SAN ANTONIO TX		5.4 CI		-ZIP	San Antonio, TX 78215			
TITLE		☐ DELETE	6.1 TI	ΠE			Change	☐ Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET	ADDRESS				

14. Thereby 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 coartify that the information indicated on this annual report or supplemental εnnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I εm 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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #