

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90120 029 ***150.00

DOCUMENT # F94000003120

1. Entity Name

LONG DISTANCE WHOLESALE CLUB, INC.



Principal Place of Business
8750 N. CENTRAL EXPRESSWAY
SUITE 300
DALLAS TX 75231
US

Mailing Address
8750 N. CENTRAL EXPRESSWAY
SUITE 300
DALLAS TX 75231
US

2. Principal Place of Business

1600 Viceroy Drive

3. Mailing Address

1600 Viceroy Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dallas Texas

City & State

Dallas Texas

Zip

75231-2306

Country

USA

Zip

75231-2306

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-1833791

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

N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	GOLD, CHRISTINE A	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY SUITE 300	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	EVCF	<input type="checkbox"/> Delete
NAME	TIMMER, JAMES G	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY SUITE 300	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KELLY, CHRISTOPHER P	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY SUITE 300	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOYCHUK, MICHAEL T	
STREET ADDRESS	1000 RUE DE LA GAUCHETIERE OUEST	
CITY-ST-ZIP	MONTREAL, QUEBEC, CN H3B4X5	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROUDI, MIKE	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY SUITE 300	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael T. Boychuk 02/21/2003

214-424-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)