

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90022 016 ***150.00

DOCUMENT # F94000005430

1. Entity Name

ASC TELECOM, INC.

Principal Place of Business 6500 SPRINT PARKWAY HL-5ASTX OVERLAND PARK, KS 66251	Mailing Address 6500 SPRINT PARKWAY HL-5ASTX OVERLAND PARK, KS 66251
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2. Principal Place of Business 6500 SPRINT PARKWAY	3. Mailing Address 6500 SPRINT PARKWAY
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Suite, Apt. #, etc. HL-5ASTX	Suite, Apt. #, etc. HL-5ASTX
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City & State OVERLAND PARK, KS	City & State OVERLAND PARK, KS
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Zip 66251-5777	Country USA	Zip 66251-5777	Country USA
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4. FEI Number 48-1155968	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC
 1201 HAYS STREET, STE 105
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
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.

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	V	<input type="checkbox"/> Delete
NAME	MEYER, JOHN P.	
STREET ADDRESS	903 E. 104TH ST	
CITY - ST - ZIP	KANSAS CITY, MO 64131	

TITLE	SD	<input type="checkbox"/> Delete
NAME	HYDE, MICHAEL T.	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	
CITY - ST - ZIP	WESTWOOD, KS 66205	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STRANDJORD, M J	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	
CITY - ST - ZIP	WESTWOOD, KS 66205	

TITLE	PCD	<input type="checkbox"/> Delete
NAME	TOM, ERIC P.	
STREET ADDRESS	925 DILLINGHAM DLVD.	
CITY - ST - ZIP	HONOLULU, HI	

TITLE	SAVP	<input type="checkbox"/> Delete
NAME	BESHEARS, MARK V.	
STREET ADDRESS	903 E. 104TH ST	
CITY - ST - ZIP	KANSAS CITY, MO 64131	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	
CITY - ST - ZIP	WESTWOOD, KS 66205	

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

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTS, GENE M.	
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1850 GATEWAY DR.	
CITY - ST - ZIP	SAN MATEO, CA 94404	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6500 SPRINT PARKWAY	
CITY - ST - ZIP	OVERLAND PARK, KS 66251	

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

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 Block 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Mark V. Beshears* MARK V. BESHEARS

04/24/00 913-315-5820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #