

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F95000001388**1. Entity Name  
ALLTEL CORPORATE SERVICES, INC.

## Principal Place of Business

ONE ALLIED DR.

LITTLE ROCK AR 72202

## Mailing Address

ATTN: CORPORATE TAX

ONE ALLIED DR  
LITTLE ROCK AR 72202 US

## 2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip Country

## 3. Mailing Address

ATTN: EXTERNAL REPORTING

Suite, Apt. #, etc.  
ONE ALLIED DRCity & State  
LITTLE ROCK ARZip Country  
72202 US

DO NOT WRITE IN THIS SPACE

## 4. FEI Number

71-0757427

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 S. PINE ISLAND RD.

PLANTATION FL 33324 US

## 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 \_\_\_\_\_ DATE **04/18/2001**

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, 2001 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	REED JOHN B	
STREET ADDRESS	ONE ALLIED DRIVE	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROWELL STEPHEN B	
STREET ADDRESS	ONE ALLIED DR.	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHUCHARD CHARLIE	
STREET ADDRESS	ONE ALLIED DR.	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	V	<input type="checkbox"/> Delete
NAME	GATEWOOD DAVID A	
STREET ADDRESS	ONE ALLIED DR.	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOYD ROBERT	
STREET ADDRESS	ONE ALLIED DR.	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAVANAUGH STEVEN A	
STREET ADDRESS	ONE ALLIED DR.	
CITY-ST-ZIP	LITTLE ROCK AR 72202	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANTZ FRANCIS X	
STREET ADDRESS	ONE ALLIED DR.	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER JEFFERY R	
STREET ADDRESS	ONE ALLIED DR.	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
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:** Jeffery R. Gardner

CFO

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)