

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F96000000285**1. Entity Name  
ALLTEL COMMUNICATIONS, INC.

## Principal Place of Business

ONE ALLIED DRIVE  
P.O. BO 2177  
LITTLE ROCK  
72203

AR

## Mailing Address

ONE ALLIED DRIVE  
P.O. BO 2177  
LITTLE ROCK  
72203

AR

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

71-0781563

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION  
33324

US

FL

## 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)

04/18/2001

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

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

TITLE AS ☐ Delete  
NAME CAMERON DAVID  
STREET ADDRESS ONE ALLIED DRIVE  
CITY-ST-ZIP LITTLE ROCK AR 72203TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☐ Delete  
NAME FRANTZ FRANCIS X  
STREET ADDRESS ONE ALLIED DRIVE  
CITY-ST-ZIP LITTLE ROCK AR 72203TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP ☐ Delete  
NAME GADBERRY JAMES F  
STREET ADDRESS ONE ALLIED DRIVE  
CITY-ST-ZIP LITTLE ROCK AR 72203TITLE GRPP ☒ Change ☐ Addition  
NAME BEEBE KEVIN L  
STREET ADDRESS ONE ALLIED DRIVE  
CITY-ST-ZIP LITTLE ROCK AR 72203TITLE P ☐ Delete  
NAME FLYNN MICHAEL T  
STREET ADDRESS ONE ALLIED DRIVE  
CITY-ST-ZIP LITTLE ROCK AR 72203TITLE P ☒ Change ☐ Addition  
NAME FORD SCOTT T  
STREET ADDRESS ONE ALLIED DRIVE  
CITY-ST-ZIP LITTLE ROCK AR 72203TITLE VP ☐ Delete  
NAME CORNACCHIONE AMERICO  
STREET ADDRESS ONE ALLIED DR  
CITY-ST-ZIP LITTLE ROCK AR 72203TITLE SVP ☒ Change ☐ Addition  
NAME GARDNER JEFFERY R  
STREET ADDRESS ONE ALLIED DR  
CITY-ST-ZIP LITTLE ROCK AR 72203TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: DAVID CAMERON**

AS

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)