

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90072 039 \*\*\*150.00

DOCUMENT # **F96000001325**

1. Entity Name  
**TELCO BILLING, INC.**

Principal Place of Business <b>8750 N. CENTRAL EXPRESSWAY</b> <del>1500 300</del> <b>DALLAS TX 75231</b> <b>US</b>	Mailing Address <b>8750 N. CENTRAL EXPRESSWAY</b> <del>1500 300</del> <b>DALLAS TX 75231</b> <b>US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>54-1723172</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 \_\_\_\_\_  
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHAVER, SELBY A</b> <b>8750 N CENTRAL EXWP 1900</b> <b>DALLAS TX 75231</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President + CEO</b> <b>Christina A. Gold</b> <b>8750 N. Central Expressway, Ste 2000</b> <b>Dallas, TX 75231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>S</b> <b>DANCE, CHRISTOPHER J</b> <b>8750 N. CENTRAL EXPRESSWAY</b> <b>DALLAS TX 75231</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EVP + CFO</b> <b>JAMES G. TIMMER</b> <b>8750 N. Central Expressway, Ste 2000</b> <b>Dallas TX 75231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>T</b> <b>DEFORGES, JACQUES</b> <b>1000 RUEDE LA GAUCHETIERE OUEST</b> <b>MONTREAL QUEBEC CD 75231</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Secretary</b> <b>Christopher P. Kelly</b> <b>8750 N. Central Expressway, Ste 2000</b> <b>Dallas, TX 75231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>CFO</b> <b>MERRICK, NICHOLAS A</b> <b>8750 N. CENTRAL EXPRESSWAY</b> <b>DALLAS TX 75231</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer</b> <b>Michael T. Boychuk</b> <b>1000 Rue de la Gauchetiere</b> <b>Montreal, Quebec, Canada H3B4X5</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director</b> <b>Scott Roswell</b> <b>8750 N. Central</b> <b>Dallas, TX 75231</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: James G. Timmer 4/27/01 (214)863-8286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)