

# 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

Mailing Address

8750 N. CENTRAL EXPRESSWAY  
~~1500 300~~  
DALLAS TX 75231  
US

8750 N. CENTRAL EXPRESSWAY  
~~1500 300~~  
DALLAS TX 75231  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**54-1723172**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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	P	<input checked="" type="checkbox"/> Delete
NAME	SHAVER, SELBY A	
STREET ADDRESS	8750 N CENTRAL EXWP 1900	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DANCE, CHRISTOPHER J	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DEFORGES, JACQUES	
STREET ADDRESS	1000 RUEDE LA GAUCHETIERE OUEST	
CITY-ST-ZIP	MONTREAL QUEBEC CD 75231	
TITLE	CFOV	<input checked="" type="checkbox"/> Delete
NAME	MERRICK, NICHOLAS A	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christina A. Gold	
STREET ADDRESS	8750 N. Central Expressway, Ste 2000	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	EVP + CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES G. Timmer	
STREET ADDRESS	8750 N. Central Expressway, Ste 2000	
CITY-ST-ZIP	Dallas TX 75231	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher P. Kelly	
STREET ADDRESS	8750 N. Central Expressway, Ste 2000	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael T. Boychuk	
STREET ADDRESS	1000 Rue dela Gauchetiere	
CITY-ST-ZIP	Montreal, Quebec, Canada H3B4X5	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Roswell	
STREET ADDRESS	8750 N. Central	
CITY-ST-ZIP	Dallas, TX 75231	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(214)863-8286

Daytime Phone #

CR2E034 (10/00)