

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002330

1. Entity Name
AMERITECH COMMUNICATIONS INTERNATIONAL, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90284 049 ***150.00

Principal Place of Business Mailing Address
9525 WEST BRYN MAWR, SUITE 600 9525 WEST BRYN MAWR, SUITE 600
ROSEMONT IL 60018 ROSEMONT IL 60018-5251

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 **36-4092071** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **EARLEY, PATRICK J**
STREET ADDRESS **9525 WEST BRYN MAWR, SUITE 600**
CITY-ST-ZIP **ROSEMONT IL 60018**

TITLE **PD** ☒ Change ☐ Addition
NAME **Steve Grimm**
STREET ADDRESS **5850 W. Las Positas**
CITY-ST-ZIP **Pleasanton, CA 94588**

TITLE **V** ☐ Delete
NAME **VALENT, LEANDER R**
STREET ADDRESS **9525 W. BRYN MAWR STE 200**
CITY-ST-ZIP **ROSEMONT IL 60018**

TITLE **V,S** ☒ Change ☐ Addition
NAME **Bruce Ramsey**
STREET ADDRESS **5850 W. Las Positas**
CITY-ST-ZIP **Pleasanton, CA 94588**

TITLE **S** ☒ Delete
NAME **MASSEY, DONNA H**
STREET ADDRESS **30 S WACKER FL 39**
CITY-ST-ZIP **CHICAGO IL**

TITLE **V** ☐ Change ☒ Addition
NAME **William McCracken**
STREET ADDRESS **5859 W. Las Positas**
CITY-ST-ZIP **Pleasanton, CA 94588**

TITLE **V** ☒ Delete
NAME **KOHL, WILLIAM**
STREET ADDRESS **9525 W. BRYN MAWR STE 200**
CITY-ST-ZIP **ROSEMONT IL 60018**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **John Ehlers**
STREET ADDRESS **9525 W. Bryn Mawr**
CITY-ST-ZIP **Rosemont, IL 60018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Michael Wagner**
STREET ADDRESS **175 E. Houston St.**
CITY-ST-ZIP **San Antonio, TX 78205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

John Ehlers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

847-928-4338
Daytime Phone #

CR2E034 (9/99)