

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90597 035 \*\*\*150.00

**DOCUMENT # F96000002330**

1. Entity Name

**AMERITECH COMMUNICATIONS INTERNATIONAL, INC.**

Principal Place of Business <b>9525 WEST BRYN MAWR, SUITE 600 ROSEMONT IL 60018</b>	Mailing Address <b>9525 WEST BRYN MAWR, SUITE 600 ROSEMONT IL 60018</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>5850 W. Las Positas Blvd.</b> Suite, Apt. #, etc.
---	---

City & State <b>Pleasanton, CA</b>	4. FEI Number <b>36-4092071</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>94588</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD EARLEY, PATRICK J 9525 WEST BRYN MAWR, SUITE 600 ROSEMONT IL 60018</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Steve Grimm 5850 W. Las Positas Blvd. Pleasanton, CA 94588</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V VALENT, LEANDER R 9525 W. BRYN MAWR STE 200 ROSEMONT IL 60018</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President, Secretary Mary Vanderpan 5850 W. Las Positas Blvd. Pleasanton, CA 94588</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MASSEY, DONNA H 30 S WACKER FL 39 CHICAGO IL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President William McCracken 5850 W. Las Positas Blvd. Pleasanton, CA 94588</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KOHL, WILLIAM 9525 W. BRYN MAWR STE 200 ROSEMONT IL 60018</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Michael D. Wagner 175 E. Houston St. San Antonio, Tx 78205</b> <input checked="" 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	<b>Assistant Secretary Michael McGuire 9525 W. Bryn Mawr Ave. Rosemont, IL 60018</b> <input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/01**

Date

**(925) 468-5000**

Daytime Phone #

CR2E034 (10/00)