## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **F96000002438** May 30, 2000 8:00 am Secretary of State ILD COMMUNICATIONS, INC. 05-30-2000 90041 018 \*\*\*150.00 Mailing Address Principal Place of Business 16200 ADDISON RD 16200 ADDISON RD #100 #100 ADDISON TX 75001 ADDISON TX 75001-5350 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 59-3375165 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - ----- 6.: Name and Address of Current Registered Agent. Name LLOYD, FREDERICK W Street Address (P.O. Box Number is Not Acceptable) 13000 SAWGRASS VILLAGE CIRCLE #5 PONTE VEDRA BEACH FL 32082 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Delete TITLE TITLE STOUTENBURGH, DENNIS J NAME NAME STREET ADDRESS STREET ADDRESS 16200 ADDISON RD- STE 100 CITY-ST-ZIP CITY-ST-ZIP ADDISON TX 75001 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME Darnell, David STREET ADDRESS STREET ADDRESS 16200 ADDISON RD- STE 100 CITY-ST-ZIP CITY-ST-ZIP ADDISON TX 75001 ☐ Change ☐ Addition TIT) F ☐ Delete TITLE NAME Trevino, George M NAME STREET ADDRESS STREET ADDRESS 16200 ADDISON RD- STE 100 CITY-ST-ZIP CITY-ST-ZIP ADDISON TX 75001 ☐ Change ☐ Addition ☐ Delete TITLE NAME HALL, GREGORY E NAME STREET ADDRESS STREET ADDRESS 16200 ADDISON RD- STE 100 CITY-ST-ZIP CITY-ST-ZIP ADDISON TX 75001 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME GALLAGHER, BOB NAME STREET ADDRESS STREET ADDRESS 16200 ADDISON RD- STE 100 CITY-ST-ZIP CITY-ST-ZIF ADDISON TX 75001 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 of 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: / Jon 1970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00 972-767-0100