

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90177 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000004363**

1. Corporation Name  
**CAPROCK TELECOMMUNICATIONS CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2 GALLERIA TOWER #1925, LB-46, 13455 NOEL DALLAS TX 75240**  
*changed*

Mailing Address: **2 GALLERIA TOWER #1925, LB-46, 13455 NOEL DALLAS TX 75240**  
*changed*

3. Date Incorporated or Qualified: **08/26/1996**

4. FEI Number: **75-2361414**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21. **15601 Dallas Parkway**

22. Suite, Apt. #, etc. **Ste. 700**

23. City & State **Dallas, TX**

24. Zip **75248** Country **USA**

2a. Mailing Address

26. **15601 Dallas Parkway**

27. Suite, Apt. #, etc. **Ste. 700**

28. City & State **Dallas, TX**

29. Zip **75248** Country **USA**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JERE W JR	1.2 NAME	Jere W. Thompson, Jr.
STREET ADDRESS	2 GALLERIA TOWER, #1925, LB-46, 13455 NOEL	1.3 STREET ADDRESS	15601 Dallas Parkway, #700
CITY-ST-ZIP	DALLAS TX 75240	1.4 CITY-ST-ZIP	Dallas, TX 75248
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, TIMOTHY	2.2 NAME	Kevin W. McAlear
STREET ADDRESS	2 GALLERIA TOWER, #1925, LB-46, 13455 NOEL	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	DALLAS TX 75240	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGDALE, MARK	3.2 NAME	Matthew M. Kingsley
STREET ADDRESS	5950 BERKSHIRE LANE, STE 990	3.3 STREET ADDRESS	Same
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRELL, TIMOTHY	4.2 NAME	
STREET ADDRESS	2 GALLERIA TOWER, #1925, LB-46, 13455 NOEL	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240	4.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, SCOTT	5.2 NAME	
STREET ADDRESS	2 GALLERIA TOWER, #1925, LB-46, 13455 NOEL	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JERE W SR	6.2 NAME	
STREET ADDRESS	3838 OAK LAWN AVE, STE 1850	6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Matthew M. Kingsley Date: 4/27/99 Daytime Phone #: (972) 982-9500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)