FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2001 8:00 am DOCUMENT # F96000005225 **Secretary of State** SOUTHWESTERN BELL COMMUNICATIONS SERVICES, INC. 02-20-2001 90009 035 ***150.00 Principal Place of Business Mailing Address 5850 W LAS POSITAS 5850 W LAS POSITAS PLEASANTON CA 94588 PLEASANTON CA 94588 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEL Number Applied For 74-2746907 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 CR2E034 (10/00) Comptroller ☐ Delete TITLE TITLE William Mc Cracken GRIMM, STEVE NAME NAME 5850 W. Las Positas Blvd. STREET ADDRESS STREET ADDRESS 5850 W LAS POSITAS Pleasanton, CA 94588 CITY-ST-ZIP CITY-ST-ZIP PLEASANTON CA 94588 Vice President/Secretary TITLE Delete TIT) F Change RAMSEY, BRUCE NAME NAME 5850 W. Las Positas Blvd. STREET ADDRESS STREET ADDRESS 5850 W LAS POSITAS BLVD CA 94588 CITY-ST-ZIP CITY-ST-ZIP PLEASANTON CA 94588 Picasanton, TITLE ☐ Change ■ Addition TITLE ☐ Delete WAGNER, MICHAEL NAME NAMĒ STREET ADDRESS STREET ADDRESS 175 E HOUSTON CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78205 ☐ Addition ☐ Change TITLE ☐ Delete TITLE STEPHENS, JOHN J NAME NAME STREET ADDRESS 175 E HOUSTON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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: 25-0/ (925)4/68-500