

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90182 050 ***150.00

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1. Entity Name

SOUTHWESTERN BELL COMMUNICATIONS SERVICES, INC.



Principal Place of Business

**5850 W LAS POSITAS
PLEASANTON CA 94588
US**

Mailing Address

**1010 N. ST. MARY'S
9-4-40
SAN ANTONIO TX 78215**

19020201



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9-Y-40

City & State

City & State

4. FEI Number **74-2746907**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **GRIMM, STEVE**
STREET ADDRESS **5850 W LAS POSITAS**
CITY-ST-ZIP **PLEASANTON CA 94588**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **DI BENE, JOHN**
STREET ADDRESS **5850 W LAS POSITAS BLVD**
CITY-ST-ZIP **PLEASANTON CA 94588**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SOLT, RICHARD T**
STREET ADDRESS **5850 W LAS POSITAS**
CITY-ST-ZIP **PLEASANTON CA 94588**

TITLE ☒ Change ☐ Addition
NAME **Janet Duncan**
STREET ADDRESS **175 E. Houston St.**
CITY-ST-ZIP **San Antonio TX 78205**

TITLE **VP** ☐ Delete
NAME **STEPHENS, JOHN J**
STREET ADDRESS **175 E HOUSTON**
CITY-ST-ZIP **SAN ANTONIO TX**

TITLE ☒ Change ☐ Addition
NAME **Larry Ruzicka**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GONZALEZ, YNO**
STREET ADDRESS **5850 W. LAS PESITAS BLVD.**
CITY-ST-ZIP **PLEASANTON CA 94588**

TITLE ☒ Change ☐ Addition
NAME **P/D**
STREET ADDRESS **5850 W. LAS POSITAS BLVD.**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Bill McCracken**
STREET ADDRESS **5850 W. Las Positas Blvd.**
CITY-ST-ZIP **Pleasanton CA 94588**

12. 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 10 or Block 11 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

Janet Duncan

4/13/04
Date

210-886-4910
Daytime Phone #