

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000004559**

1. Entity Name

QCS INET ACQUISITION CORP.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90047 037 ***150.00

Principal Place of Business	Mailing Address
3232 MCKINNEY AVE., SUITE 900 DALLAS TX 75204	3232 MCKINNEY AVE., SUITE 900 DALLAS TX 75204-7418

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0765299**

Applied For

Not Applicable

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****UNITED CORPORATE SERVICES, INC.**

~~9200 SOUTH DADELAND BLVD.~~ **801 Northeast 16th**
~~SUITE 508~~ **Suite 300** **Street**
~~MIAMI FL 33156~~ **North Miami Beach, FL**
33162

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.

SIGNATURE

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BOWMAN, ED H JR	
STREET ADDRESS	3232 MCKINNEY AVE., SUITE 900	
CITY-ST-ZIP	DALLAS TX 75204	

TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	LOWENSTEIN, DAVID	
STREET ADDRESS	3232 MCKINNEY AVE., SUITE 900	
CITY-ST-ZIP	DALLAS TX 75204	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	WALKER, THOMAS C	
STREET ADDRESS	3232 MCKINNEY AVE., SUITE 900	
CITY-ST-ZIP	DALLAS TX 75204	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	LEAL, EDWARD A	
STREET ADDRESS	1150 NW 72ND AVE. SUITE 600	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEAL, MYRNA T	
STREET ADDRESS	1150 NW 72ND AVE. SUITE 600	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy J. Barker	
STREET ADDRESS	3232 McKinney Avenue, Suite 900	
CITY-ST-ZIP	Dallas, TX 75204	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEAL, FERNANDO R	
STREET ADDRESS	1150 NW 72ND AVE. SUITE 600	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	Vice President and Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margot T. Leberberg	
STREET ADDRESS	3232 McKinney Ave. Suite 900	
CITY-ST-ZIP	Dallas, TX 75204	

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

Timothy J. Barker

Date

Daytime Phone #

01/14/2000 214-953-75