

2001 UNIFORM BUSINESS REPORT (UBR)

068041

DOCUMENT # F97000004559

1. Entity Name

QCS INET ACQUISITION CORP.

FILED

01 APR 26 PM 3:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3232 MCKINNEY AVE., SUITE 900
DALLAS TX 75204

Mailing Address

3232 MCKINNEY AVE., SUITE 900
DALLAS TX 75204

2. Principal Place of Business

3232 MCKINNEY AVENUE

Suite, Apt. #, etc.

SUITE 1000

City & State

DALLAS TX

Zip

Country

75204

3. Mailing Address

3232 MCKINNEY AVENUE

Suite, Apt. #, etc.

SUITE 1000

City & State

DALLAS TX

Zip

Country

75204

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

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
MIAMI FL 33162

7. Name and Address of New Registered Agent

Name

UNITED CORPORATE SERVICES, INC.

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

9200 SOUTH DADELANA BLVD. SUITE 508

City

MIAMI

-05/08/01

FD-133/001

****150.00

****150.00

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)

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, 2001 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

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	D	<input type="checkbox"/> Delete
NAME	LOWENSTEIN, DAVID	
STREET ADDRESS	3232 MCKINNEY AVE., SUITE 900	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, THOMAS C	
STREET ADDRESS	3232 MCKINNEY AVE., SUITE 900	
CITY-ST-ZIP	DALLAS TX 75204	
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	VP	<input type="checkbox"/> Delete
NAME	BARKER, TIMOTHY J	
STREET ADDRESS	3232 MCKINNEY AVE, SUITE 900	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LEBENBERG, MARGOT T	
STREET ADDRESS	3232 MCKINNEY AVE, SUITE 900	
CITY-ST-ZIP	DALLAS TX 75204	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COBO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN ED H. JR	
STREET ADDRESS	3232 MCKINNEY AVENUE SUITE 1000	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, JOE A.	
STREET ADDRESS	3232 MCKINNEY AVENUE SUITE 1000	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, THOMAS C.	
STREET ADDRESS	3232 MCKINNEY AVENUE SUITE 1000	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAL, EDUARDO A.	
STREET ADDRESS	1150 NW 72ND AVENUE 6TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS BARRY	
STREET ADDRESS	3232 MCKINNEY AVENUE SUITE 1000	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	JPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, CHARLES S.	
STREET ADDRESS	3232 MCKINNEY AVE SUITE 1000	
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

Date

Daytime Phone #

CR2E034 (10/00)