

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90071 047 ***150.00

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1. Corporation Name

TSC PAYPHONE CORP.

Principal Place of Business

1601 N. COLLINS BLVD.
RICHARDSON TX 75080

Mailing Address

1601 N. COLLINS BLVD.
RICHARDSON TX 75080

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

75-2712971

☒ Applied For
☐ Not Applicable

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

21 959 E. Collins Blvd.

Suite, Apt. #, etc.

22 Suite 150

City & State

23 Richardson, TX

Zip

24 75081

Country

2a. Mailing Address

26 959 E. Collins Blvd.

Suite, Apt. #, etc.

27 Suite 150

City & State

28 Richardson, TX

Zip

29 75081

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME HEATON, KERMIT D
STREET ADDRESS 1601 NORTH COLLINS BOULEVARD
CITY-ST-ZIP RICHARDSON TX 75080

TITLE S ☒ DELETE

NAME CAMPBELL, E. WAYNE
STREET ADDRESS 14100 SAN PEDRO, SUITE 400
CITY-ST-ZIP SAN ANTONIO TX 78232

TITLE VP ☐ DELETE

NAME KAUELKA, WALTER
STREET ADDRESS 1601 NORTH COLLINS BOULEVARD
CITY-ST-ZIP RICHARDSON TX 78232

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Jerry D. Gibson
1.3 STREET ADDRESS 959 E. Collins Blvd, Suite 150
1.4 CITY-ST-ZIP Richardson, TX 75081

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 959 E. Collins Blvd, Suite 150
3.4 CITY-ST-ZIP Richardson, TX 75081

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(i), 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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/99
Date

972 664-2600
Daytime Phone #

CR2E034 (11/98)