

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  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90163 044 \*\*\*150.00

DOCUMENT # F97000006270

1. Corporation Name  
SECURITYLINK FROM AMERITECH, INC.

Principal Place of Business  
TWO MID AMERICA PLAZA, SUITE 200  
OAKBROOK TERRACE IL 60181

Mailing Address  
TWO MID AMERICA PLAZA, SUITE 200  
OAKBROOK TERRACE IL 60181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/26/1997

4. FEI Number  
36-3994844

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME TUDELA, MARY E  
STREET ADDRESS TWO MID AMERICA PLAZA, SUITE 200  
CITY-ST-ZIP OAKBROOK TERRACE IL 60181

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Neil Cox  
1.3 STREET ADDRESS Two Mid America Plaza, Suite 200  
1.4 CITY-ST-ZIP Oakbrook Terrace, IL 60181

TITLE VT ☐ DELETE  
NAME RAMIREZ, ALFRED N  
STREET ADDRESS TWO MID AMERICA PLAZA, SUITE 200  
CITY-ST-ZIP OAKBROOK TERRACE IL 60181

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VGC ☐ DELETE  
NAME KATZ, MARC P  
STREET ADDRESS TWO MID AMERICA PLAZA, SUITE 200  
CITY-ST-ZIP OAKBROOK TERRACE IL 60181

3.1 TITLE VGC ☒ Change ☐ Addition  
3.2 NAME Marc P. Katz  
3.3 STREET ADDRESS Two Mid America Plaza, Suite 200  
3.4 CITY-ST-ZIP Oakbrook Terrace, IL 60181

TITLE S ☐ DELETE  
NAME HOWAT, BRUCE B  
STREET ADDRESS 30 S. WACKER DR., 39TH FLOOR  
CITY-ST-ZIP OAKBROOK TERRACE IL 60181

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME DE VRIES, JAMES D  
STREET ADDRESS TWO MID AMERICA PLAZA, SUITE 200  
CITY-ST-ZIP OAKBROOK TERRACE IL 60181

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE AS ☐ DELETE  
NAME BARRY, ANN MARIE  
STREET ADDRESS TWO MID AMERICA PLAZA  
CITY-ST-ZIP OAKBROOK TERRACE IL 60181

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 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

Marc P. Katz Secretary

Date

Daytime Phone #

CR2E034 (11/98)