

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006270

1. Entity Name

SECURITYLINK FROM AMERITECH, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90284 047 ***150.00

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 60181-4712
--	---

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

City & State	City & State	4. FEI Number 36-3994844	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent 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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUDELA, MARY E TWO MID AMERICA PLAZA, SUITE 200 OAKBROOK TERRACE IL 60181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Neil Cox Two Mid America Plaza Suite 200 Oakbrook Terrace, IL 60181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RAMIREZ, ALFRED N TWO MID AMERICA PLAZA, SUITE 200 OAKBROOK TERRACE IL 60181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jeffery J. Childs Two Mid America Plaza Suite 200 Oakbrook Terrace, IL 60181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS KATZ, MARC P TWO MID AMERICA PLAZA, SUITE 200 OAKBROOK TERRACE IL 60181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Michael D. Olson 175 E. Houston Street San Antonio, TX 78205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOWAT, BRUCE B 30 S. WACKER DR., 39TH FLOOR OAKBROOK TERRACE IL 60181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stephen M. Welborn Two Mid America Plaza, Suite 200 Oakbrook Terrace, IL 60181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE VRIES, JAMES D TWO MID AMERICA PLAZA, SUITE 200 OAKBROOK TERRACE IL 60181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARRY, ANN MARIE TWO MID AMERICA PLAZA OAKBROOK TERRACE IL 60181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARC P. KATZ, V.P. 4/18/00 630-573-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR 1034 (9/98)