

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000866

1. Entity Name

WESTERN TELE-COMMUNICATIONS, INC/RETAIL SALES GR

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90077 020 \*\*\*150.00

Principal Place of Business

5619 DTC PARKWAY  
 ENGLEWOOD CO 80111

Mailing Address

P.O. BOX 5630  
 DENVER CO 80217-5630  
 US

2. Principal Place of Business

9197 SOUTH PEORIA STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

City & State

4. FEI Number

84-1337128

Applied For

Not Applicable

Zip

Country

80112-5833

US

Zip

Country

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

CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324

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 PD ☒ Delete  
 NAME ROMRELL, LARRY E  
 STREET ADDRESS 5619 DTC PARKWAY  
 CITY-ST-ZIP ENGLEWOOD CO

TITLE P ☐ Change ☒ Addition  
 NAME CURT HOCKEMEIER  
 STREET ADDRESS 9197 SOUTH PEORIA STREET  
 CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE VT ☒ Delete  
 NAME SCHOTTERS II, BERNARD W  
 STREET ADDRESS 5619 DTC PARKWAY  
 CITY-ST-ZIP ENGLEWOOD CO

TITLE VP/S/T/D ☐ Change ☒ Addition  
 NAME MICHAEL P. HUSEBY  
 STREET ADDRESS 9197 SOUTH PEORIA STREET  
 CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE D ☒ Delete  
 NAME MALONE, JOHN C  
 STREET ADDRESS 5619 DTC PARKWAY  
 CITY-ST-ZIP ENGLEWOOD CO

TITLE D ☐ Change ☒ Addition  
 NAME DANIEL E. SOMERS  
 STREET ADDRESS 9197 SOUTH PEORIA STREET  
 CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE V ☒ Delete  
 NAME LEMMING, ROBERT J  
 STREET ADDRESS 5619 DTC PARKWAY  
 CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AV ☐ Delete  
 NAME GOOKIN, NOLAN D  
 STREET ADDRESS 5619 DTC PARKWAY  
 CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 9197 SOUTH PEORIA STREET  
 CITY-ST-ZIP ENGLEWOOD CO 80112-5833

TITLE AS ☐ Delete  
 NAME MCCHESENEY, MARY M  
 STREET ADDRESS 5619 DTC PARKWAY  
 CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 9197 SOUTH PEORIA STREET  
 CITY-ST-ZIP ENGLEWOOD CO 80112-5833

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

Nolan D. Gookin  
 Assistant Vice President

Date

Daytime Phone #

CR2E034 (9/99)