

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90268 044 ***150.00

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1. Entity Name

WESTERN TELE-COMMUNICATIONS, INC/RETAIL SALES GR

Principal Place of Business

Mailing Address

9197 S. PEORIA ST.
ENGLEWOOD CO 80112-5833

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

2. Principal Place of Business

188 INVERNESS DR. W.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

City & State

Zip

80112

Country

US

Zip

Country

4. FEI Number

84-1337128

Applied For

Not Applicable

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HOCKEMEIER, CURT ☒ Delete
STREET ADDRESS 9197 S. PEORIA ST.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE PRESIDENT ☐ Change ☒ Addition
NAME BRADEN, GREGORY M.
STREET ADDRESS 188 INVERNESS DR. W.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE VSTD
NAME HUSEBY, MICHAEL P ☐ Delete
STREET ADDRESS 9197 S. PEORIA ST.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE DIRECTOR ☒ Change ☐ Addition
NAME HUSEBY, MICHAEL P.
STREET ADDRESS 188 INVERNESS DR. W.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE D
NAME SOMERS, DANIEL E ☐ Delete
STREET ADDRESS 9197 S. PEORIA ST.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 188 INVERNESS DR. W.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE AV
NAME GOOKIN, NOLAN D ☒ Delete
STREET ADDRESS 9197 S. PEORIA ST.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE ASST. SECRETARY ☐ Change ☒ Addition
NAME SHANK, JOHN L.
STREET ADDRESS 188 INVERNESS DR. W.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE AS
NAME MCCHESENEY, MARY M ☐ Delete
STREET ADDRESS 9197 S. PEORIA ST.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE SECRETARY ☐ Change ☒ Addition
NAME BAILEY, RICK D.
STREET ADDRESS 188 INVERNESS DR. W.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TREASURER ☐ Change ☒ Addition
NAME DWYER, EDWARD M.
STREET ADDRESS 188 INVERNESS DR. W.
CITY-ST-ZIP ENGLEWOOD CO 80112

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

JOHN L. SHANK, ASST. SEC. 4/10/01 720-875-5322

Date

Daytime Phone #

CR2E034 (10/00)