Apr 16, 2001 8:00 am Secretary of State 04-16-2001 90268 044 ***150.00

Applied For

\$8.75 Additional

Fee Required

Not Applicable

2001 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # F98000000866 1. Entity Name WESTERN TELE-COMMUNICATIONS, INC/RETAIL SALES GR Principal Place of Business Mailing Address P.O. BOX 5630 9197 S. PEORIA ST. ENGLEWOOD CO 80112-5833 **DENVER CO 80217-5630** HS 3. Mailing Address 2. Principal Place of Business 188 INVERNESS DR. W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 84-1337128 ENGLEWOOD CO Zip Country П 5. Certificate of Status Desired US 80112 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent

		1	Name				
		Street Address (P.O. Box Number is Not Acceptable)					
=					75.0.4		
	<i>f</i> *	City		F	FL Zip Code		
ve named entity submits this statement for th	e purpose of changing its re	gistered office or	registered ag	ent, or both, in the State of Florida.		•	
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Signature, typed or printed name of registered agent and	itle if applicable. (NOTE: R	Registered Agent signatu	re required when re	einstating) DA	TE 		
Tax filing requirement and elects to do so. After MAY 1, 2001		Fee will be \$550.00 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				
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	OCT CORPORATION SYSTEM O SOUTH PINE ISLAND RD. NTATION FL 33324 Ive named entity submits this statement for the Signature, typed or printed name of registered agent and the poration is eligible to satisfy its Intangible grequirement and elects to do so. Ideria on back) OFFICERS AND DIF P HOCKEMEIER, CURT S 19197 S. PEORIA ST. ENGLEWOOD CO 80112 VSTD HUSEBY, MICHAEL P 9197 S. PEORIA ST. ENGLEWOOD CO 80112	CT CORPORATION SYSTEM 0 SOUTH PINE ISLAND RD. NTATION FL 33324 we named entity submits this statement for the purpose of changing its residual statement in the purpose of changing its residual statement and entity submits this statement for the purpose of changing its residual statement and title if applicable. Signature, typed or printed name of registered agent and title if applicable.	Street Act O SOUTH PINE ISLAND RD. INTATION FL 33324 City The properties of the purpose of changing its registered office or signature, typed or printed name of registered agent and title if applicable. Proportion is eligible to satisfy its Intangible grequirement and elects to do so. Beria on back) OFFICERS AND DIRECTORS TILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$50 Make Check Payable to Department OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP VSTD HUSEBY, MICHAEL P 9197 S. PEORIA ST. ENGLEWOOD CO 80112 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP AV GOOKIN, NOLAN D 9197 S. PEORIA ST. ENGLEWOOD CO 80112 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Street Address (P.O. E City City City Ver named entity submits this statement for the purpose of changing its registered office or registered agent and street in a policiable. (NOTE: Registered Agent signature required when report and selects to do so. Proportion is eligible to satisfy its Intangible grequirement and elects to do so. OFFICERS AND DIRECTORS PROPERTY STEET ADDRESS 12. ADDRE	Street Address (P.O. Box Number is Not Acceptable) O SOUTH PINE ISLAND RD. NTATION FL 33324 City Total City Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DA After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFI	Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City	

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

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

MCCHESNEY, MARY M

ENGLEWOOD CO 80112

9197 S. PEORIA ST.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

JOHN L. SHANK, ASST. SEC.

720-875-5322

☐ Change

Addition

SECRETARY

TREASURER

BAILEY, RICK D.

DWYER, EDWARD M.

188 INVERNESS DR. W.

ENGLEWOOD CO 80112

188 INVERNESS DR. W.

Daytime Phone #

CR2E034 (10/00)