

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002728

1. Entity Name
AMERITECH PAYPHONE SERVICES, INC.



Principal Place of Business
225 W. RANDOLPH ST.
CHICAGO IL 60606

Mailing Address
1010 N. ST. MARYS 9V-40
SAN ANTONIO TX 78215

03 JUN 16 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4001608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FEGER, RANDALL
STREET ADDRESS 105 AUDITORIUM CIRCLE
CITY-ST-ZIP SAN ANTONIO TX 78205 ☐ Delete

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

TITLE GC/S
NAME DICKINSON, DERECK
STREET ADDRESS 175 E HOUSTON
CITY-ST-ZIP SAN ANTONIO TX 78205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400021561294
07/15/03--01031--011 **150.00

TITLE VP
NAME HENSLEY, GARY
STREET ADDRESS 105 AUDITORIUM CIRCLE
CITY-ST-ZIP SAN ANTONIO TX 78205 ☐ Delete

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

TITLE T
NAME VIOLA, MICHAEL J
STREET ADDRESS 175 E HOUSTON
CITY-ST-ZIP SAN ANTONIO TX 78205 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address. With a power like empowered.

SIGNATURE:

SIGNATURE

Michael Viola

04/23/03

210-886-4907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Date

Daytime Phone #

0655297 AT

CR2E034 (10/02)