2000 NN FORM BUSINESS REPORT (UBR) FILED F98000003614 Mar 02, 2000 8:00 am Secretary of State 1. Entity Name ALLEGIANCE TELEPOM OF FLORIDA, INC. 03-02-2000 90044 020 \*\*\*150.00 Principal Place of Business Mailing Address 1950 STEMMONS FREEWAY, STE. 3026 1950 STEMMONS FREEWAY, STE, 3026 DALLAS TX 75207 DALLAS TX 75207-3107 2. Principal Place of Business 3. Mailing Address 1950 Stemmons FRWY Same as Arinci Da Suite, Apt. #, etc Suite, Apt. #, etc 302 DO NOT WRITE IN THIS SPACE City & State
Dall as City & State 4. FEI Number Applied For APPLIED FOR 75 2177 Not Applicable Zip Zip Country 7520 \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution  $\Box$ Added to Fees 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE attachment See NAME ☐ Addition HOLLAND, ROYCE J NAME STREET ADDRESS 15190 PRESTONWOOD BLVD., STE. 421 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75248 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition LORD, THOMAS NAME STREET ADDRESS 7405 NORTHGREEN DR. STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30328 CITY-ST-ZIP TITLE S. Delete TITLE NAME Addition TRESNOWSKI, MARK NAME STREET ADDRESS 525 INVER WAY STREET ADDRESS CITY-ST-ZIP **INVERNESS IL 60067** CITY-ST-7IP TITLE AS Delete TITLE NAME ☐ Change Addition CROWNE, DANA NAME STREET ADDRESS 400 MCCLURG #2706 STREET ADDRESS ST-ZIP CHICAGO IL 60611 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition MAUNDER, DENNIS NAME .... : . ADDDCCC 2209 NORWALK DR. STREET ADDRESS ST-7IP COLLEYVILLE TX 76034 CITY-ST-71P ☐ Delete TITLE ☐ Change ☐ Addition NAME -- Arimegs STREET ADDRESS ST-71P CITY-ST-ZIP 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. John T. Debus-VP 1-12-2000 214-261-7100 URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylime Phone #