

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004089

1. Entity Name

SPLITROCK SERVICES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90011 031 ***150.00

Principal Place of Business

Mailing Address

8665 NEW TRAILS DR. SUITE 200
THE WOODLANDS TX 77381

8665 NEW TRAILS DR. SUITE 200
THE WOODLANDS TX 77381-4254

A0021270

2. Principal Place of Business

9012 NEW TRAILS DR.

3. Mailing Address

9012 NEW TRAILS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
THE WOODLANDS, TX

City & State
THE WOODLANDS, TX

4. FEI Number 76-0529757

Applied For
Not Applicable

Zip Country
77381-4254 USA

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77381-4254 USA

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

NRAI SERVICES, INC.
526 E. PARK AVE
TALLAHASSEE FL 32301

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 Checks Payable to Department of State

10. Election Campaign Financing Trust-Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WILSON, WILLIAM R 8665 NEW TRAILS DR, SUITE 200 THE WOODLANDS TX 77381	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, WILLIAM R 8665 NEW TRAILS DR, SUITE 200 THE WOODLANDS TX 77381	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FUGATE, J. ROBERT 8665 NEW TRAILS DR. THE WOODLANDS TX 77381	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOATNER, DAVID M 8665 NEW TRAILS DR. THE WOODLANDS TX 77381	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCGETTIGAN, PATRICK J JR 8665 NEW TRAILS DR, SUITE 200 THE WOODLANDS TX 77381	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKENS, ROY 8665 NEW TRAILS DR, SUITE 200 THE WOODLANDS TX 77381	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

02/04/00 281-465-1300

CR2E034 (9/99)