

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006083

1. Entity Name

GLOBAL INTERACTIVE COMMUNICATIONS CORPORATION

Principal Place of Business

1901 N. GLENVILLE DR., STE. 800  
RICHARDSON TX 75081

Mailing Address

1901 N. GLENVILLE DR., STE. 800  
RICHARDSON TX 75081

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

75-2783828

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

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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: C  
NAME: AUTORINO, ANTHONY D  
STREET ADDRESS: 100 GREAT MEADOW RD., STE. 104  
CITY-ST-ZIP: WETHERSFIELD CT 06109

TITLE: Director  
NAME: Scott Petersen  
STREET ADDRESS: 3900 W. Innovation Street  
CITY-ST-ZIP: Sioux Falls, SD 57107-7002

TITLE: DCEO  
NAME: SCHOTTLAENDER, KEVIN  
STREET ADDRESS: 1901 N. GLENVILLE DR., STE. 800  
CITY-ST-ZIP: RICHARDSON TX 75081

TITLE: Director  
NAME: David Teolis  
STREET ADDRESS: 2 World Financial Center, Tower B  
CITY-ST-ZIP: New York, NY 10281-1198

TITLE: DV  
NAME: TRUCKENMILLER, DOUGLAS D  
STREET ADDRESS: 3900 W. INNOVATION ST.  
CITY-ST-ZIP: SIOUX FALLS SD 57107

TITLE: Director  
NAME: Thomas Decker  
STREET ADDRESS: One Cityplace  
CITY-ST-ZIP: Hartford, CT 06103

TITLE: VT  
NAME: DUPONT, TOM  
STREET ADDRESS: 1901 N. GLENVILLE DR., STE. 800  
CITY-ST-ZIP: RICHARDSON TX 75081

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: VS  
NAME: KOENIG, CARL  
STREET ADDRESS: 1901 N. GLENVILLE DR., STE. 800  
CITY-ST-ZIP: RICHARDSON TX 75081

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: V  
NAME: QUATTROCHI, TONY  
STREET ADDRESS: 100 CONSTITUTION PLAZA, STE. 100  
CITY-ST-ZIP: HARTFORD CT 06103

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

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 OF TONY QUATTROCHI*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2000 978/669-6000  
Date Daytime Phone #

FILED  
Aug 08, 2000 8:00 am  
Secretary of State

08-08-2000 90021 042 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)