

10F2

DOCUMENT #

L97041

1. Entity Name

WEST FLORIDA MOBILITY, INC.

FILED  
00 JUL 10 PM 4: 02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1000 W. LEONARD ST.  
PENSACOLA, FL 32501

SUITE 500  
ONE RIVERWAY  
HOUSTON, TX 77056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3026448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
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 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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PLEASE SEE ATTACHED PAGE FOR  
CORRECT OFFICERS AND DIRECTORS

000003325470--7  
-07/17/00--01143--001  
\*\*\*\*245.00 \*\*\*\*\*61.25

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: Shayne A. Rosencrans  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/03/00  
Date

713-860-1764  
Daytime Phone

CR2E034 (9/99)

20f2

**Directors and Officers of West Florida Mobility, Inc.**

D

Linda Bell  
One Riverway, Suite 500  
Houston, Texas 77056

D/CEO

Frank P. Gallagher  
One Riverway, Suite 500  
Houston, Texas 77056

D/VP/CS

Robert E. Longo  
One Riverway, Suite 500  
Houston, Texas 77056

P

Frank Genovese  
1406 Hays Street  
Houston, Texas 77009

ACS

Shayne A. Rosecrans  
One Riverway, Suite 500  
Houston, Texas 77056

T/ACS

Michael Sanchez  
One Riverway, Suite 500  
Houston, Texas 77056