

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17266

1. Entity Name

TELECONNECT LONG DISTANCE SERVICES & SYSTEMS COM

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90064 020 ***150.00

Principal Place of Business

Mailing Address

~~4100 19TH ST NW~~
~~ATTN: INCOME TAX DEPT~~
~~NW WASHINGTON DC 20036~~
~~US~~

1133 19TH ST NW
ATTN: INCOME TAX DEPT 8408
NW WASHINGTON DC 20036-3604
US

2. Principal Place of Business

500 Clinton Center Dr.

3. Mailing Address

Suite, A **Clinton, MS 39056**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country **US**

Zip

Country

4. FEI Number

42-1295989

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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	C ROBERTS, JR., BERT C. 1801 PA AVE NW WASHINGTON DC <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGTC NAGEL, WALTER 1133 19TH ST., N.W. WASHINGTON DC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SALSBURY, MICHAEL 1801 PA AVE NW WASHINGTON DC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ST JOHN, JONELLE 1801 PA AVE NW WASHINGTON DC <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, TIMOTHY 1801 PA AVENUE NW WASHINGTON DC <input checked="" type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SCOTT SULLIVAN 500 Clinton Center Dr. Clinton, MS 39056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD BERNARD EBBERS 500 Clinton Center Dr. Clinton, MS 39056
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

Walter Nagel

Date

4/24/00

Daytime Phone #

202-736-6000

V.P. & Gen. Tax Counsel

CR2E034 (9/99)