

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90411 041 ***150.00

DOCUMENT # P17266

1. Entity Name

TELECONNECT LONG DISTANCE SERVICES & SYSTEMS COMPANY

Principal Place of Business Mailing Address

1133 19TH STREET NW
 DEPT. 8408
 WASHINGTON DC 20036
 US

2. Principal Place of Business
 500 CLINTON CENTER DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 CLINTON MS

City & State

4. FEI Number
 42-1295989

Applied For
 Not Applicable

Zip
 39056

Country
 US

Zip

Country

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

PRENTICE-HALL CORPORATION SYSTEM, INC
 1201 HAYES STREET
 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, 2001 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

TITLE PD ☐ Delete
 NAME EBBERS, BERNARD
 STREET ADDRESS 500 CLINTON CENTER DRIVE
 CITY - ST - ZIP CLINTON MS 39056

TITLE VGTC ☐ Delete
 NAME NAGEL, WALTER
 STREET ADDRESS 1133 19TH STREET
 CITY - ST - ZIP WASHINGTON DC 20036

TITLE SD ☐ Delete
 NAME SALSURY, MICHAEL
 STREET ADDRESS 1133 19TH STREET
 CITY - ST - ZIP WASHINGTON, DC 20036

TITLE T ☐ Delete
 NAME SULLIVAN, SCOTT
 STREET ADDRESS 500 CLINTON CENTER DRIVE
 CITY - ST - ZIP CLINTON MS 39056

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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: 

WALTER NAGEL

04/26/01 202-736-6362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #