

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90015 040 ***150.00

DOCUMENT # P17266

1. Entity Name

TELECONNECT LONG DISTANCE SERVICES & SYSTEMS COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1133 19TH STREET NW

3. Mailing Address

1133 19TH STREET NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.
DEPT 8408

DO NOT WRITE IN THIS SPACE

City & State
WASHINGTON DC

City & State
WASHINGTON DC

4. FEI Number
42-1295989

Applied For
Not Applicable

Zip
20036

Country
US

Zip
20036

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
PRENTICE-HALL CORPORATION SYSTEM, INC.

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City
TALLAHASSEE FL Zip Code
32301

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BERNARD EBBERS
500 CLINTON CENTER DRIVE
CLINTON MS 39056

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

WALTER NAGEL - VPGTC 04/30/02 202-736-6362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #