

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90266 025 \*\*\*150.00

0513049  
 AT

**DOCUMENT # P19202**

1. Entity Name  
**PACTEL FINANCE, INC.**

Principal Place of Business <b>175 E HOUSTON ST                  RM 8-4-60                  SAN ANTONIO TX 78205                  US</b>	Mailing Address <b>175 E HOUSTON ST                  RM 8-4-60                  SAN ANTONIO TX 78205                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>175 E. HOUSTON STREET</b>	3. Mailing Address <b>175 E. HOUSTON STREET</b>
Suite, Apt. #, etc. <b>ROOM 8-H-60</b>	Suite, Apt. #, etc. <b>ROOM 8-H-60</b>
City & State <b>SAN ANTONIO, TX</b>	City & State <b>SAN ANTONIO, TX</b>

4. FEI Number **94-2942781** Applied For  Not Applicable

Zip <b>78205</b>	Country <b>US</b>	Zip <b>78205</b>	Country <b>US</b>
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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 RD.  
 PLANTATION FL 33324**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>PCEO ROGER W WOHLERT 175 E HOUSTON, RM 7-B-80 SAN ANTONIO TX 78205</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/CEO WILLIAM MILLER 2600 CAMINO RAMON, 3E400BB SAN RAMON, CA 94583</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD WAYNE A WIRTZ 175 E HOUSTON, RM 1214 SAN ANTONIO TX 78205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S/D WAYNE A WIRTZ 175 E HOUSTON, ROOM 206 SAN ANTONIO, TX 78205</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS GIBSON, JOHN B 175 E HOUSTON ROOM 232 SAN ANTONIO TX 78205</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT SCHNEIDER, TIM M 175 E HOUSTON ROOM 7-S-05 SAN ANTONIO TX 78205</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/CFO JIM G. MCGUIRE 175 E. HOUSTON, ROOM 7-B-80 SAN ANTONIO, TX 78205</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT WAGNER, MICHAEL D 175 E HOUSTON ROOM 7-U-30 SAN ANTONIO TX 78205</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KIERNAN, DONALD E 175 E HOUSTON ROOM 1307 SAN ANTONIO TX 78205</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS/D PAULA ANDERSON 175 E. HOUSTON, ROOM 224 SAN ANTONIO, TX 78205</b> <input type="checkbox"/> Change <input checked="" 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: *Paula Anderson* PAULA ANDERSON **4-18-02** 210-351-3421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)