

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25817

1. Entity Name

ALLTEL SUPPLY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90026 011 ***150.00

Principal Place of Business

Mailing Address

6625 THE CORNERS PARKWAY
SUITE 400
NORCROSS GA 30092

6625 THE CORNERS PARKWAY
SUITE 400
NORCROSS GA 30092-3334

2. Principal Place of Business

3. Mailing Address

ONE AIITEI CENTER, 13560 MORRIS ROAD ONE AIITEI CTR, 13560 MORRIS RD

Suite, Apt. #, etc.

ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ALPHARETTA, GEORGIA

City & State

ALPHARETTA, GEORGIA

4. FEI Number

31-4359937

Applied For

Not Applicable

Zip

30004

Country

U.S.

Zip

30004

Country

U.S.

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

John Calcagno
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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESBRO, SCOTT		NAME	CHESBRO, SCOTT	
STREET ADDRESS	6625 THE CORNERS PARKWAY		STREET ADDRESS	ONE AIITEI CTR. 13560 MORRIS RD.	
CITY-ST-ZIP	NORCROSS GA 30092		CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE	C	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALCAGNO, JOHN		NAME	CALCAGNO, JOHN	
STREET ADDRESS	6625 THE CORNERS PARKWAY		STREET ADDRESS	ONE AIITEI CTR, 13560 MORRIS RD.	
CITY-ST-ZIP	NORCROSS GA 30092		CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADLEY, DAVID		NAME	HADLEY, DAVID	
STREET ADDRESS	6625 THE CORNERS PARKWAY		STREET ADDRESS	ONE AIITEI CTR, 13560 MORRIS RD	
CITY-ST-ZIP	NORCROSS GA 30092		CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, BRUCE P		NAME	THOMAS, BRUCE P	
STREET ADDRESS	6625 THE CORNERS PARKWAY		STREET ADDRESS	ONE AIITEI CTR, 13560 MORRIS RD	
CITY-ST-ZIP	NORCROSS GA 30092		CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORI, BOB		NAME	CORI, BOB	
STREET ADDRESS	6625 THE CORNERS PARKWAY		STREET ADDRESS	ONE AIITEI CTR, 13560 MORRIS RD.	
CITY-ST-ZIP	NORCROSS GA 30092		CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWOOD, DAVID		NAME	ATWOOD, DAVID	
STREET ADDRESS	6625 THE CORNERS PARKWAY		STREET ADDRESS	ONE AIITEI CTR, 13560 MORRIS ROAD	
CITY-ST-ZIP	NORCROSS GA 30092		CITY-ST-ZIP	ALPHARETTA, GA 30004	

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

Date

Daytime Phone #

CR2E034 (9/99)