

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P25817

1. Entity Name

ALLTEL COMMUNICATIONS PRODUCTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13560 Morris Road

Suite, Apt. #, etc.

3. Mailing Address

13560 Morris Road

Suite, Apt. #, etc.

City & State

Alpharetta, GA

City & State

Alpharetta, GA

4. FEI Number

31-4359937

Applied For

Not Applicable

Zip

30004

Country

USA

Zip

30004

Country

USA

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 CT Corporation System

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

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

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

Dale H. Morris

DALE MORRIS

2/22/02

Signature, typed or printed name of registered agent and date 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

President

Scott Chesbro

13560 Morris Road

Alpharetta GA 30004

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Controller

John Calcagno

13560 Morris Road

Alpharetta GA 30004

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Senior VP

Dave Hadley

13560 Morris Road

Alpharetta GA 30004

TITLE
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STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

John J. Calcagno

John J. Calcagno, C.P.A.

Director of Finance and Controller

Date

Daytime Phone #

(678) 351-8694

FILED

02 FEB 25 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

CR2E034B (12/01)