

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27628

1. Entity Name

CENTEL DIRECTORY COMPANY

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90203 034 ***150.00

Principal Place of Business

7015 COLLEGE BLVD.
STE. 400
OVERLAND PARK KS 60631
US

Mailing Address

6500 SPRINT PKWY
HL-5ASTX
OVERLAND PARK KS 66251-5777
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3579194**

Applied For

Not Applicable

Zip

Country

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WALSH, ROBERT J.
STREET ADDRESS 7015 COLLEGE BLVD., STE. 400
CITY-ST-ZIP OVERLAND PARK KS ☐ Delete

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

TITLE VD
NAME KEMPER, DONALD L.
STREET ADDRESS 7015 COLLEGE BLVD. STE. 400
CITY-ST-ZIP OVERLAND PARK KS 66211 ☐ Delete

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

TITLE AS
NAME C.B. SLOAN
STREET ADDRESS 7015 COLLEGE BLVD., STE. 400
CITY-ST-ZIP OVERLAND PARK KS 33211 ☒ Delete

TITLE AS
NAME K.L. Bayler
STREET ADDRESS 7015 College Blvd, Ste 400
CITY-ST-ZIP OVERLAND PARK KS 66211 ☐ Change ☒ Addition

TITLE V
NAME MIESKE, JOHN L.
STREET ADDRESS 7015 COLLEGE BLVD., STE. 400
CITY-ST-ZIP OVERLAND PARK KS ☐ Delete

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

TITLE D
NAME BRANYAN, BRUCE H
STREET ADDRESS 2330 SHAWNER MISSION PARKWAY
CITY-ST-ZIP WESTWOOD KS 66205 ☒ Delete

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

TITLE C
NAME JAY M MILL
STREET ADDRESS 7015 COLLEGE BLVD., STE 400Y
CITY-ST-ZIP OVERLAND PARK KS 33211 ☒ Delete

TITLE AVP
NAME MARK BESHEARS
STREET ADDRESS 6500 SPRINT PKWY
CITY-ST-ZIP OVERLAND PARK KS 66251 ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-01

Date

913-315-5820

Daytime Phone #

CR2E034 (10/00)