

# 2001 UNIFORM BUSINESS REGISTRATION (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90077 031 \*\*\*150.00

**DOCUMENT # P27981**

1. Entity Name  
**ALCATEL USA MARKETING, INC.**

Principal Place of Business  
**1000 COIT ROAD, MS:TAX-1  
 PLANO TX 75075**

Mailing Address  
**1000 COIT ROAD, MS:TAX-1  
 PLANO TX 75075**

2. Principal Place of Business  
**1000 COIT ROAD,**

3. Mailing Address  
**1000 COIT ROAD, MS: 008**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PLANO, TEXAS 75075**

City & State  
**PLANO, TEXAS 75075**

4. FEI Number **75-2016914**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO PRABHU, KRISH H 1000 COIT ROAD PLANO TX 75075</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP DE PESQUIDOUX, HUBERT 1000 COIT ROAD PLANO TX 75075</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GCSO BRUNT, GEORGE B 1000 COIT ROAD PLANO TX 75075</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PISTERZI, MICHAEL J 1000 COIT ROAD PLANO TX 75075</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT CARITHERS, KENNETH A 1000 COIT ROAD PLANO TX 75075</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT CAMPBELL, RICHARD P 1000 COIT ROAD PLANO TX 75075</b>	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/CEO MICHAEL P. QUIGLEY 1000 COIT ROAD, PLANO, TEXAS 75075</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR VICE PRESIDENT NANCY GREER 1000 COIT ROAD, PLANO, TEXAS 75075</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR VICE PRESIDENT DOUGLAS K. JACOBS 1000 COIT ROAD, PLANO, TEXAS 75075</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT TREASURER RONALD R. FUQUA 1000 COIT ROAD, PLANO, TEXAS 75075</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT - TAX RICHARD CAMPBELL 1000 COIT ROAD, PLANO, TEXAS 75075</b>	<input checked="" type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD CAMPBELL**

Date

**1/12/2001**

Daytime Phone #

**(972) 519-3000**

CR2E034 (10/00)