4-7-95 P-3138-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:27

DOCUMENT # P30535 (9)

1. Corporation Name
SBC MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
175 E. HOUSTON STE 8-H-60 SAN ANTONIO TX 78205 US	175 E. HOUSTON STE 8-H-60 SAN ANTONIO TX 78205 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 43-1552061 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	11 TITLE		☐ Change ☐ Addition
NAME	WHITACRE, EDWARD JR.	12 NAME		
STREET ADDRESS	175 EAST HOUSTON	13 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	ADAMS, JAMES R	22 NAME		
STREET ADDRESS	175 EAST HOUSTON	23 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX	24 CITY-ST-ZIP		
TITLE	SVPT	31 TITLE		☐ Change ☐ Addition
NAME	KIERNAN, DONALD E	32 NAME		
STREET ADDRESS	175 EAST HOUSTON	33 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX	34 CITY-ST-ZIP		
TITLE	VPGC	41 TITLE		☐ Change ☐ Addition
NAME	ELLIS, JAMES D	42 NAME		
STREET ADDRESS	175 EAST HOUSTON	43 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX	44 CITY-ST-ZIP		
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	FOSTER CHARLES, E	52 NAME		
STREET ADDRESS	175 EAST HOUSTON	53 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX	54 CITY-ST-ZIP		
TITLE	VP	61 TITLE	Sr. Vice Pres.-HR	☒ Change ☐ Addition
NAME	HARRIS, RICHARD A.	62 NAME	Cassandra C. Carr	
STREET ADDRESS	175 EAST HOUSTON	63 STREET ADDRESS	175 East Houston	
CITY-ST-ZIP	SAN ANTONION TX	64 CITY-ST-ZIP	San Antonio, Texas 78205	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Sr. Vice President-Treasurer 3/31/95 210 351-3912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461197 FP