

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90095 024 ***150.00

DOCUMENT # P32100

1. Entity Name
QWEST DEX, INC.

Principal Place of Business
**1801 CALIFORNIA ST
 DENVER CO 80202
 US**

Mailing Address
**1801 CALIFORNIA STREET - STE 5100
 C/O KEITH NIEB
 DENVER CO 80202
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

40 Joni Van Eps



DO NOT WRITE IN THIS SPACE

4. FEI Number **84-0933557** Applied For ☐ Not Applicable ☐

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

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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D TEMPEST, ORANGE 1801 CALIFORNIA STREET SUITE 5200 DENVER CO 80202					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P SMITH, JAMES A 198 INVERNESS DRIVE WEST 8TH FLOOR ENGLEWOOD CO 80112					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VTCF WOODRUFF, ROBERT 198 INVERNESS DRIVE WEST 8TH FLOOR ENGLEWOOD CO 80112					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S TEMPEST, DRAKE 198 INVERNESS DRIVE WEST ENGLEWOOD CO 80112					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T BERMAN, SCOTT 1801 CALIFORNIA ST STE 5100 DENVER CO 80202					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
AS CARTER, KELLY 1801 CALIFORNIA STREET DENVER CO 80202					

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: *Kelly A. Carter* **Kelly A. Carter, VP-Fin.** 4/10/2002 303-992-1400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

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DENVER CO 80202
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Mailing Address

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C/O KEITH NIEB
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US

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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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City

FL

Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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(See criteria on back)

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Trust Fund Contribution.

☐

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Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME TEMPEST, ORANGE
STREET ADDRESS 1801 CALIFORNIA STREET SUITE 5200
CITY-ST-ZIP DENVER CO 80202

TITLE P ☐ Delete
NAME SMITH, JAMES A
STREET ADDRESS 198 INVERNESS DRIVE WEST 8TH FLOOR
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE VTCF ☐ Delete
NAME WOODRUFF, ROBERT
STREET ADDRESS 198 INVERNESS DRIVE WEST 8TH FLOOR
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE S ☐ Delete
NAME TEMPEST, DRAKE
STREET ADDRESS 198 INVERNESS DRIVE WEST
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE T ☐ Delete
NAME BERMAN, SCOTT
STREET ADDRESS 1801 CALIFORNIA ST STE 5100
CITY-ST-ZIP DENVER CO 80202

TITLE AS ☐ Delete
NAME CARTER, KELLY
STREET ADDRESS 1801 CALIFORNIA STREET
CITY-ST-ZIP DENVER CO 80202

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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SIGNATURE: Kelly S. Carter, VP-Fin 4/10/2002 3:02:00 PM

CR2E034 (9/01)