

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021661

1. Entity Name

SPRINT PAYPHONE SERVICES, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90023 035 ***150.00

Principal Place of Business

Mailing Address

2330 SHAWLEE MISSION PARKWAY
WESTWOOD KS 66205

903 E 104TH STREET
MAILSTOP:MOKCMW0609
KANSAS CITY MO 64131-4509
US

2. Principal Place of Business

6500 Sprint Parkway
Suite, Apt. #, etc.

3. Mailing Address

6500 Sprint Parkway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Overland Park, KS

City & State

Overland Park, KS

4. FEI Number

59-3268090

Applied For

Not Applicable

Zip

Country

66251

USA

Zip

Country

66251

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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]*

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, 2000 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 OSLER, RANDY W
STREET ADDRESS 5454 W 10TH ST.
CITY-ST-ZIP OVERLAND PARK KS 6621

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME CHEEK, WILLIAM E
STREET ADDRESS 4220 SHAWNEE MISSION PARKWAY
CITY-ST-ZIP KANSAS CITY MO 64114

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ~~TD~~
NAME STRANDJORD, M JEANNINE
STREET ADDRESS 2330 SHAWNEE MISSION PARKWAY
CITY-ST-ZIP WESTWOOD KS 66205

☒ Delete

TITLE ~~Treasurer~~
NAME ~~Gene M. Batts~~
STREET ADDRESS ~~2330 Shawnee Mission Pkwy.~~
CITY-ST-ZIP ~~Overland Park, KS 66251~~

☒ Change

☐ Addition

TITLE VD
NAME PEVI, KATE H
STREET ADDRESS 4220 SHAWNEE MISSION PARKWAY
CITY-ST-ZIP FAIRWAY KS 66205

☒ Delete

TITLE VD
NAME Michael K. Jewell
STREET ADDRESS 6480 Sprint Pkwy.
CITY-ST-ZIP Overland Park, KS 66251

☒ Change

☐ Addition

TITLE VP
NAME BESHEARS, MARK V
STREET ADDRESS 903 3 104TH STREET
CITY-ST-ZIP KANSAS CITY MO 64131

☐ Delete

TITLE
NAME AVP
STREET ADDRESS BESHEARS, MARK V
CITY-ST-ZIP 6500 SPRINT PARKWAY
OVERLAND PARK, KS 66251-5777

☒ Change

☐ Addition

TITLE S
NAME HYDE, MICHAEL T
STREET ADDRESS 2330 SHAWNEE MISSION PARKWAY
CITY-ST-ZIP WESTWOOD KS 66205

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

913-315-5820

Daytime Phone #