

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90023 023 ***150.00

DOCUMENT # P96000007209

1. Entity Name
SPRINT TELECENTERS, INC.

Principal Place of Business

2330 SHAWNEE MISSION PKWY
 SHAWNEE MISSION KS 66205
 US

Mailing Address

903 E 104TH STREET
 MAILSTOP MOREMWA 609
 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.
Mailstop: HL-SASTX

City & State

Overland Park, KS

City & State

Overland Park, KS

4. FEI Number

59-3360108

Applied For

Not Applicable

Zip

66251-5777

Country
USA

Zip

66251-5777

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MATHESON, DAVID L
2301 LUCIEN WAY
SUITE 400
MAITLAND FL 32751

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, 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	<input type="checkbox"/> Delete
NAME	MATHESON, DAVID L	
STREET ADDRESS	2301 LUCIEN WAY	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCRAE, RICHARD D	
STREET ADDRESS	5454 W. 110TH ST	
CITY-ST-ZIP	OVERLAND PARK KS 66211	
TITLE	D	<input type="checkbox"/> Delete
NAME	EANES, LAMONT	
STREET ADDRESS	5454 W. 110TH ST	
CITY-ST-ZIP	OVERLAND PARK KS 66211	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNS, JERRY M	
STREET ADDRESS	555 LAKE BORDER DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input type="checkbox"/> Delete
NAME	STRANDJORD, M. JEANNINE	
STREET ADDRESS	8140 WARCT PKWY	
CITY-ST-ZIP	KANSAS CITY MO 64114	
TITLE	AV	<input type="checkbox"/> Delete
NAME	BESTEARS, MARK V	
STREET ADDRESS	903 E 104TH STREET	
CITY-ST-ZIP	KANSAS CITY MO 64131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth A. Byland	
STREET ADDRESS	5454 W. 110th St.	
CITY-ST-ZIP	Overland Park, KS 66211	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ciene M. Betts	
STREET ADDRESS	2330 Shawnee Mission Pkwy.	
CITY-ST-ZIP	Westwood, KS 66205	
TITLE	AVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESHEARS, MARK V	
STREET ADDRESS	6500 SPRINT PARKWAY	
CITY-ST-ZIP	OVERLAND PARK, KS 66251-5777	

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

Date _____ Daytime Phone # _____

CR2E034 (9/99)