



151 Southhall Lane, Ste. 450  
Maitland, FL 32751  
www.inteserra.com

March 5, 2025  
**Via E-File**

Ms. Lynn Retz, Executive Director  
Utilities Division  
Kansas Corporation Commission  
1500 S. W. Arrowhead Road  
Topeka, KS 66604-4027

RE: TransWorld Network, Corp.  
Notice of Company Name Change

Dear Ms. Retz:

This letter is submitted on behalf of TransWorld Network, Corp. (“TransWorld” or “Company”) to notify the Kansas Corporation Commission (“Commission”) that the Company has changed its name to TransWorld Network, LLC. This name change is invisible to customers.

Transworld was originally authorized to provide resold interexchange and operator services under the name of Strategic Alliances, Inc. and notified the Commission on July 28, 1999 that it had changed its name to TransWorld Network, Corp.

Enclosed as Exhibit A is a copy of the Certificate of Conversion on file with the Kansas Secretary of State.

The Company respectfully requests that the Commission change the Company name to TransWorld Network, LLC in all Commission records at the earliest possible date.

Any questions you may have regarding this filing should be directed to my attention at 470-672-3934 or via email to [carey.roesel@jsitel.com](mailto:carey.roesel@jsitel.com). Thank you for your assistance in this matter.

Sincerely,

/s/ Carey Roesel

Carey Roesel  
Consultant

cc: J. Reed – Transworld (via Email)  
tms: KSi2501  
Enclosure  
CR/sp

Exhibit A  
Kansas Secretary of State  
Certificate of Conversion



**CDD**

**KANSAS SECRETARY OF STATE  
Certificate of Conversion/Domestication  
to a Kansas Entity**



**Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@sos.ks.gov  
Topeka, KS 66612-1594 https://sos.ks.gov

Please complete the form, print, sign and mail to the Kansas Secretary of State with the filing fee. Selecting 'Print' will print the form and 'Reset' will clear the entire form.

This form and the attached formation document must be submitted together by paper with the filing fees for both documents. (See instructions for details.)

**Converting/Domesticating Entity**

1. **Business entity ID number**  
Kansas Secretary of State issued file number. **7449374**

2. **Business entity name before conversion/domestication**  
**TransWorld Network, Corp.**

3. **Type of business entity before conversion/domestication**

<input checked="" type="checkbox"/> For-Profit Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Not-for-Profit Corporation	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership

4. **State or country of organization before conversion/domestication**  
**Minnesota**

**Converted/Domesticated Entity**

5. **Business entity name after conversion/domestication**  
**TransWorld Network, LLC**

6. **Type of entity after conversion/domestication**

<input type="checkbox"/> For-Profit Corporation	<input checked="" type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Not-for-Profit Corporation	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership

7. **Effective date**  
If future date is chosen, must be within 90 days of filing.

<input checked="" type="checkbox"/> Upon filing	<b>OR</b>	<input type="checkbox"/> Future effective date:	Month	Day	Year
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The formation document and fee for the converted/domesticated entity are attached. This conversion/domestication is approved in accordance with K.S.A. 17-78-401 through 17-78-406 and/or 17-78-501 through 17-78-506 or by the laws of the appropriate foreign jurisdiction.

8. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Authorized Person of the converting/domesticating entity

X *Anna M Miller*

Name of Signer (printed or typed)

**Donna Miller**



Certified Date: 09/06/2024  
Certificate Number: 20240906-727499



DL  
State

**KANSAS SECRETARY OF STATE**  
**Articles of Organization**  
**Domestic (Kansas) Limited Liability**  
**Company**



Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@ks.gov  
Topeka, KS 66612-1594 https://sos.ks.gov

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**This form must be accompanied by the correct filing fee or the document will not be accepted for filing.**  
**(See instructions for details.)**

**1. Name of limited liability company:**

Include word of formation. See instructions for allowed words.

TransWorld Network, LLC

**2. Name of resident agent:**

Must be an individual, the business entity named in section 2, or an entity already registered with our office. **Do not leave blank.**

Corporation Service Company

**3. Registered office in Kansas for the resident agent:**

Must be a street, rural route, or highway. A PO box is unacceptable.

Street Address (A PO Box is unacceptable)  
1100 Southwest Wanamaker Road, Suite 103  
City State Zip  
Topeka KS 66604

**4. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.** (The signature of one or more authorized persons to form the limited liability company is required.)

Signature of Authorized Person

X *Anna M Miller*

Signature of Authorized Person

X



Certified Date: 09/06/2024  
Certificate Number: 20240906-727499