

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 852547 (9)**

1. Corporation Name  
**ASCENT NETWORK SERVICES, INC.**



Principal Place of Business <b>6560 ROCK SPRING DRIVE BETHESDA MD 20817-1146 US</b>	Mailing Address <b>6560 ROCK SPRING DRIVE BETHESDA MD 20817-1145 US</b>
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2. Principal Place of Business 21 <b>1200 17th St.</b>	2a. Mailing Address 26 <b>1200 17th St.</b>	3. Date Incorporated or Qualified <b>04/12/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
22 Suite, Apt. #, etc. <b>Suite 2800</b>	27 Suite, Apt. #, etc. <b>Suite 2800</b>	4. FEI Number <b>62-1057643</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>Denver, CO</b>	28 City & State <b>Denver, CO</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>80202</b>	25 Country <b>USA</b>	29 Zip <b>80202</b>	30 Country <b>USA</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code <b>FL</b>	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<b>CROCKETT, BRUCE L</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CROCKETT, BRUCE L</b>	1.2 NAME	<b>James A. Cronin III</b>
STREET ADDRESS	<b>6560 ROCK SPRING DRIVE</b>	1.3 STREET ADDRESS	<b>1200 17th St., Ste. 2800</b>
CITY-ST-ZIP	<b>BETHESDA MD</b>	1.4 CITY-ST-ZIP	<b>Denver, CO 80202</b>
TITLE <b>D</b>	<b>FLOWER, ALLEN E.</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOWER, ALLEN E.</b>	2.2 NAME	
STREET ADDRESS	<b>6560 ROCK SPRING DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD</b>	2.4 CITY-ST-ZIP	
TITLE <b>V</b>	<b>STORY, STEVEN E</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STORY, STEVEN E</b>	3.2 NAME	<b>Larry O. Tennant</b>
STREET ADDRESS	<b>6560 ROCK SPRING DRIVE</b>	3.3 STREET ADDRESS	<b>1200 17th St., Ste. 2800</b>
CITY-ST-ZIP	<b>BETHESDA MD</b>	3.4 CITY-ST-ZIP	<b>Denver, CO 80202</b>
TITLE <b>PD</b>	<b>LYONS, CHARLES</b> <input type="checkbox"/> DELETE	4.1 TITLE <b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYONS, CHARLES</b>	4.2 NAME	
STREET ADDRESS	<b>6560 ROCK SPRING DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD</b>	4.4 CITY-ST-ZIP	
TITLE <b>S</b>	<b>WEBER, NANCY E.</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>VS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEBER, NANCY E.</b>	5.2 NAME	<b>Arthur M. Aaron</b>
STREET ADDRESS	<b>6560 ROCK SPRING DRIVE</b>	5.3 STREET ADDRESS	<b>1200 17th St., Ste. 2800</b>
CITY-ST-ZIP	<b>BETHESDA MD</b>	5.4 CITY-ST-ZIP	<b>Denver, CO 80202</b>
TITLE <b>V</b>	<b>MYER, ROBERT C.</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYER, ROBERT C.</b>	6.2 NAME	
STREET ADDRESS	<b>6560 ROCK SPRING DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD</b>	6.4 CITY-ST-ZIP	

14. I do 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 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: *Arthur M. Aaron* **Arthur M. Aaron, V.P. Business & Legal Affairs Secretary** April 21, 1997 303-626-7037

CR2E034 (9/96)