

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003603 (8)**

1. Corporation Name  
**FRONTIER LONG DISTANCE OF AMERICA, INC.**



Principal Place of Business: **180 S. CLINTON AVE ROCHESTER NY 14646 US**  
Mailing Address: **180 S. CLINTON AVE ROCHESTER NY 14646 US**

3. Date Incorporated or Qualified: **08/09/1993**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 180 S. Clinton Ave.**  
2a. Mailing Address: **26 180 S. Clinton Ave**  
22. Suite, Apt. #, etc.:  
23. City & State: **Rochester, NY**  
24. Zip: **14646** 25. Country: **Monroe**  
27. Suite, Apt. #, etc.:  
28. City & State: **Rochester, NY**  
29. Zip: **14646** 30. Country: **Monroe**

4. FEI Number: **45-0427228**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City: **FL** 85. Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCEO</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GREGORY, DALE M</b>	1.2 NAME	<b>Joseph Enis</b>
STREET ADDRESS	<b>180 SOUTH CLINTON AVE</b>	1.3 STREET ADDRESS	<b>180 S Clinton Ave</b>
CITY-ST-ZIP	<b>ROCHESTER NY</b>	1.4 CITY-ST-ZIP	<b>Rochester, NY 14646</b>
TITLE	<b>V</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAUGHLIN, JAMES B</b>	2.2 NAME	<b>Marvin C Moses</b>
STREET ADDRESS	<b>180 SOUTH CLINTON AVE</b>	2.3 STREET ADDRESS	<b>180 South Clinton Ave</b>
CITY-ST-ZIP	<b>ROCHESTER NY</b>	2.4 CITY-ST-ZIP	<b>Rochester, NY 14646</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASSARO, LOUIS L</b>	3.2 NAME	
STREET ADDRESS	<b>19 MILE POST LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSFORD NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LA VERDI, BARBARA</b>	4.2 NAME	
STREET ADDRESS	<b>23 LOOKOUT VIEW ROAD</b>	4.3 STREET ADDRESS	<b>180 South Clinton Ave</b>
CITY-ST-ZIP	<b>FAIRPORT NY</b>	4.4 CITY-ST-ZIP	<b>Rochester, NY 14646</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BITTNER, RONALD L</b>	5.2 NAME	
STREET ADDRESS	<b>180 SOUTH CLINTON AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCHESTER NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MYLCAH, JAMES F</b>	6.2 NAME	<b>Josephine S Triebel</b>
STREET ADDRESS	<b>180 S CLINTON AVE</b>	6.3 STREET ADDRESS	<b>180 South Clinton Ave</b>
CITY-ST-ZIP	<b>ROCHESTER NY</b>	6.4 CITY-ST-ZIP	<b>Rochester, NY 14646</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 116.07(3)(k), 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: Barbara LaVerdi 3-26-96 716-777-7715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

FRONTIER LONG DISTANCE OF AMERICA, INC.  
180 SOUTH CLINTON AVENUE  
ROCHESTER, NY 14646  
FEIN: 45-0427228

DIRECTORS & OFFICERS

TITLE:	NAME:	ADDRESS:
DIRECTOR	RONALD L. BITTNER	7 HIDDEN BRIDGE PITTSFORD, NY 14534
DIRECTOR	LOUIS L. MASSARO	19 MILE POST LANE PITTSFORD, NY 14534
DIRECTOR	MARVIN C. MOSES	2942 CHESTNUT RUN DRIVE BLOOMFIELD HILLS, MI 48302
CEO	RONALD L. BITTNER	7 HIDDEN BRIDGE PITTSFORD, NY 14534
VICE PRESIDENT	MARVIN C. MOSES	2942 CHESTNUT RUN DRIVE BLOOMFIELD HILLS, MI 48302
SECRETARY	JOSEPHINE S. TRUBEK	20 SCHOOLHOUSE LANE ROCHESTER, NY 14618
TREASURER	JOSEPH ENIS	5 ROXBURY LANE PITTSFORD, NY 14534
ASST. TREASURER	DEBORAH S. LARKE	4000 FIELDVIEW AVENUE WEST BLOOMFIELD, MI 48324
ASST. SECRETARY	BARBARA J. LAVERDI	355 YARMOUTH ROAD ROCHESTER, NY 14610