

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morth**  
 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 14646-0001  
 US**

2. Principal Place of Business  
 21 Sulte, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Sulte, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified: **08/09/1993**  
 3a. Date of Last Report: **05/01/1996**

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  
 1 Name  
 2 Street Address (P.O. Box Number is Not Acceptable)  
 3  
 4 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENIS, JOSEPH</b>	12 NAME	
STREET ADDRESS	<b>180 S CLINTON AVE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCHESTER NY</b>	14 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOSES, C MARVIN</b>	22 NAME	<b>AT - Assistant Treasurer</b>
STREET ADDRESS	<b>180 S CLINTON AVE</b>	23 STREET ADDRESS	<b>Richard N Kappeler</b>
CITY-ST-ZIP	<b>ROCHESTER NY</b>	24 CITY-ST-ZIP	<b>180 S Clinton Ave.</b>
TITLE	<input type="checkbox"/> DELETE	25 CITY-ST-ZIP	<b>Rochester, NY 14646</b>
NAME	<b>MASSARO, LOUIS L</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>19 MILE POST LANE</b>	32 NAME	
CITY-ST-ZIP	<b>PITTSFORD NY</b>	33 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	34 CITY-ST-ZIP	
NAME	<b>LA VERDI, BARBARA</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>180 S CLINTON AVE</b>	42 NAME	
CITY-ST-ZIP	<b>ROCHESTER NY</b>	43 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	44 CITY-ST-ZIP	
NAME	<b>BITTNER, RONALD L</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>180 SOUTH CLINTON AVENUE</b>	52 NAME	
CITY-ST-ZIP	<b>ROCHESTER NY</b>	53 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	
NAME	<b>TRUBLE, JOSEPHINE S</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>180 S CLINTON AVE</b>	62 NAME	
CITY-ST-ZIP	<b>ROCHESTER NY</b>	63 STREET ADDRESS	
		64 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: *Richard N Kappeler* **Richard N Kappeler** 5/1/97 711-777-PO00

CR2E034 (9/96)