

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000003247 (2)

1. Corporation Name
LCI TELEMANAGEMENT CORP.



Principal Place of Business: **4650 LAKEHURST CT. DUBLIN OH 43017**
 Mailing Address: **4650 LAKEHURST CT. DUBLIN OH 43016-3254**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1995	3a. Date of Last Report 02/27/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 31-1437904	Applied For Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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	DCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, H B	1.2 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	1.4 CITY-ST-ZIP	
TITLE	PDCO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, THOMAS J	2.2 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	2.4 CITY-ST-ZIP	
TITLE	VCO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, JOSEPH A	3.2 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNO, MARSHALL W	4.2 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLON, JOHN J	5.2 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JOHN C	6.2 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	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: _____

SIGNED AND SUBMITTED
 4/28/97 (014) 798-12109

CR2E034 (9/96)