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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90010 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P24499
 1. Corporation Name
THE ST. THOMAS AND SAN JUAN TELEPHONE COMPANY, I NC.



Principal Place of Business Mailing Address

2 BELTJEN PLACE 2 BELTJEN PLACE
 P.O. BOX 1915 VDS P.O. BOX 1915 VDS
 ST. THOMAS, USVI 00803 ST. THOMAS, USVI 00803
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified
05/25/1989

4. FEI Number Applied For

66-0446921 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name **Robert Stankey**

82 Street Address (P.O. Box Number is Not Acceptable)
4601 Sheridan St

83 **6th Fl**

84 City **Hollywood** FL 85 Zip Code **33021**

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 **Robert Stankey** DATE **4/26/99**

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WESLEY T. O'BRIEN	
STREET ADDRESS	200 E. BROWARD BLVD., 21ST FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRESSEL, HENRY	
STREET ADDRESS	200 E. BROWARD BLVD., 21ST FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ANGELINA SPOTO	
STREET ADDRESS	200 E BROWARD BLVD 21ST FL	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS KARP	
STREET ADDRESS	200 EAST BROWARD BLVD.	
CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	K. Paul Singh
1.3 STREET ADDRESS	1700 Old Meadow Rd
1.4 CITY-ST-ZIP	McLean, VA 22102
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Secretary Robert Stankey
2.3 STREET ADDRESS	4601 Sheridan St.
2.4 CITY-ST-ZIP	Hollywood, FL 3302
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vice President John DePodesta
3.3 STREET ADDRESS	1700 Old Meadow Rd
3.4 CITY-ST-ZIP	McLean, VA 22102
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer Neil Hazard
4.3 STREET ADDRESS	1700 Old Meadow Rd
4.4 CITY-ST-ZIP	McLean, VA 22102
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: **Robert Stankey** DATE: **4/26/99** DAYTIME PHONE #: **703 962 2800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)