

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90238 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P25218

1. Corporation Name
FRONTIER COMMUNICATIONS SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**30300 TELEGRAPH ROAD
 SUITE 350
 BINGHAM FARMS MI 48025-4510
 US**

Mailing Address
**30300 TELEGRAPH ROAD
 SUITE 350
 BINGHAM FARMS MI 48025-4510
 US**

3. Date Incorporated or Qualified
07/18/1989

4. FEI Number
36-3098226

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

2. Principal Place of Business
 21

2a. Mailing Address
 26

Suite, Apt. #, etc.
 22

City & State
 23

Zip Country
 24 25

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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		
TITLE	AT	<input type="checkbox"/> DELETE
NAME	KAPPLER, RICHARD N	
STREET ADDRESS	180 S CLINTON AVE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ENIS, JOSEPH.	
STREET ADDRESS	180 S. CLINTON AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14646	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARRETT, ROBERT L	
STREET ADDRESS	180 S CLINTON AVE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LAVERDI, BARBARA J.	
STREET ADDRESS	180 S. CLINTON AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14646	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRUBEK, JOSEPHINE S.	
STREET ADDRESS	180 S. CLINTON AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14646	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	CLAYTON, J P	
STREET ADDRESS	180 S CLINTON AVE	
CITY-ST-ZIP	ROCHESTER NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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)(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, with all other like empowered.

SIGNATURE: Kappler **SIGNATURE REQUIRED** Date: 4-20-99 Daytime Phone #: (248) 647-6920

CR2E034 (1/98)