

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P28942** (1)

1. Corporation Name

VALUE-ADDED COMMUNICATIONS, INC.



Principal Place of Business: 17250 DALLAS PARKWAY DALLAS TX 75248
Mailing Address: 17250 DALLAS PARKWAY DALLAS TX 75248

3. Date Incorporated or Qualified 04/13/1990	3a. Date of Last Report 07/11/1995
4. FEI Number 36-3617386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 800 N. Jupiter Rd	26. 800 N. Jupiter Rd.
22. Suite, Apt. #, etc. 200	27. Suite, Apt. #, etc. 200
23. City & State PLANO TX	28. City & State PLANO TX
24. Zip 75074	29. Zip 75074
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code FL

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	CEOD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, DENNIS R.	1.2 NAME	
STREET ADDRESS	17250 DALLAS PKWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	1.4 CITY - ST - ZIP	
TITLE	CFO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JEFFREY B	2.2 NAME	MICHAEL W. WALLACE
STREET ADDRESS	17250 DALLAS PARKWAY	2.3 STREET ADDRESS	800 N. Jupiter Rd., Suite 200
CITY - ST - ZIP	DALLAS TX	2.4 CITY - ST - ZIP	PLANO, TX 75074
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGE, STEPHEN	3.2 NAME	RICHARD W. PRYOR
STREET ADDRESS	17250 DALLAS PKWY	3.3 STREET ADDRESS	800 N. Jupiter Rd., Suite 200
CITY - ST - ZIP	DALLAS TX	3.4 CITY - ST - ZIP	PLANO, TX 75074
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX, DAVID B	4.2 NAME	
STREET ADDRESS	17250 DALLAS PARKWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	4.4 CITY - ST - ZIP	
TITLE	VPS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUDESCO, JOHN C	5.2 NAME	
STREET ADDRESS	17250 DALLAS PKWY	5.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTER, JOEL G	6.2 NAME	
STREET ADDRESS	2100 CLEARWATER DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	OAK BROOK IL	6.4 CITY - ST - ZIP	

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 119.07(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: *[Signature]* Date: **2/4/95** Daytime Phone # **214/422-1848**

CR2E034 (12/95)