


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

**FILED**  
**Jun 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P28942 (1)**

1. Corporation Name  
**VALUE-ADDED COMMUNICATIONS, INC.**



Principal Place of Business <b>800 N. JUPITER RD.                  200                  PLANO TX 75074                  US</b>	Mailing Address <b>800 N. JUPITER RD.                  200                  PLANO TX 75074-7461                  US</b>
---	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/13/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>36-3617386</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
			<b>FL</b> 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	CEOD	1.1 TITLE	PRBS, D, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASEY, DENNIS R.	1.2 NAME	STEPHEN L. HODGE
STREET ADDRESS	17250 DALLAS PKWY	1.3 STREET ADDRESS	800 N. JUPITER RD, SUITE 200
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	PLANO TX 75074
TITLE	CFO	2.1 TITLE	CRD, D, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, MICHAEL W.	2.2 NAME	JAMES R. SMITH
STREET ADDRESS	800 N. JUPITER RD., SUITE 200	2.3 STREET ADDRESS	800 N. JUPITER RD, SUITE 200
CITY-ST-ZIP	PLANO TX	2.4 CITY-ST-ZIP	PLANO, TX 75074
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRYOR, RICHARD W.	3.2 NAME	
STREET ADDRESS	800 N. JUPITER RD., SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input 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	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	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 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 on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)